**Attachment 3**

# CHCB Research Ethics & Ethics Committee

# PROGRESS/FINAL REPORT (please specify)

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| **1**. Project Reference No: | **4**. Project Title: | |
| **2**. Project Report Date: / / |
|
| **3.** Project Commencement Date: / / |
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| 1. Provide a brief statement of progress so far and results, (if any) including titles of publications,   (if any): | | |
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| 1. Have there been any changes to the project methodology that have not been brought to the attention of Calvary Health Care Bethlehem’s Research Ethics & Ethics Committee?   If “Yes” please detail: | | Yes/No |
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| 1. Have any ethical issues/adverse events emerged in the course of the project for: 2. Patient, (b) Researcher, (c) Hospital.   If “Yes” please detail: | | Yes/No |
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| 1. Have there been any complaints about the project?   If “Yes” please detail nature of complaint(s): | Yes/No |
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| **Statement:**  I confirm that this project is being conducted as originally approved by the Calvary Health Care Bethlehem Research Ethics & Ethics Committee (and subject to any subsequently approved changes).  **Researcher**: ………………………………….  **Date:** / /  *Name:* |