

Attachment 4

# CHCB Research Ethics & Ethics Committee

# PROGRESS REPORT

*OR*

# FINAL REPORT

# (please tick the relevant box)

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| **1**. CHCB 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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| 1. **FOR FINAL REPORT PURPOSES :-**   **What has been learned as a result of this research?**  **Will/has this research result in a change to clinical practice?**  **Will this improve the care of people, if so, how?** |  |
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| **Statement: (please tick the relevant box)**  Progress report: 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).  OR  Final Report: I confirm that this project was conducted as originally approved by the Calvary Health Care Bethlehem Research Ethics & Ethics Committee (and subject to any subsequently approved changes).  **Researcher**: ………………………………….  **Date:** / /  *Name:* |