



OFFICE USE ONLY	
Date submitted: _____	Ref: _____
Submission number: _____	
Reviewers: _____	
Decision: _____	

Research Ethics Committee-Faculty of Pharmacy

Progress Report

Research title	
Applicant (s) and affiliation (s)	
Department	

This form should be filled by applicants to state the modifications in their running research. This form must be delivered to the ethics committee: (1) once a year , (2) in case of any modifications (if any) in the information submitted in the original ethics application form in part one and (3) any serious unexpected adverse events.

Is there any modifications in protocol of work	Yes/No
Other modifications in the research	Yes/No
Are there any documents that you are going to attach to this form	Yes/No

Write the modifications that you are going to make in your research.

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Applicant signature	
Reviewers signature	

This part is filled by the Ethics committee

Is this modification considered major

Minor

The ethics committee comment and recommendations on these modifications

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This part is filled by the Ethics committee after fulfilling the recommendations of the Ethics committee

This research is approved

or not approved

Reviewer's signature	
Head of the ethics committee signature	

