# Darling Downs Health HREC (EC00182)

#### **Annual/Final Report**

**HREC reference number:**

**Project Title:**

**Principal Investigator:**

**Project currently -**

In progress at all sites under the HREC approval

In progress at some sites only under the HREC approval\*

In progress but closed to recruitment

Completed **(this is a final report – please include results / publications)**

Discontinued / Abandoned\*

Not yet commenced\*

On hold\*

|  |
| --- |
| \**Please provide an explanation* |

|  |  |  |
| --- | --- | --- |
| **Information Required** | **Response** | **Comments** |
| Study Commencement Date at Darling Downs Health site (*if first annual progress report)* |  |  |
| Number of participants recruited – Either to date or final number | Locally:  Other sites: |  |
| Number and nature of Serious Adverse Events (SAEs) at this site. Have all SAEs been reported to the HREC? |  |  |
| Where, how and for how long is project data being stored? |  |  |
| Difficulties encountered during the study? i.e. recruitment |  |  |
| Have there been any amendments to the project? Have these amendments been approved by the HREC? |  |  |
| Is data analysis complete? |  |  |
| Results – Either to date or final results (please attach final results/publications) |  |  |
| If final report, describe how this project will be translated into practice at the patient bedside/unit level/management processes |  |  |

**­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Principal Investigator Date**

*Please forward to the HREC by the 30th April each year, the continuation of ethics approval is contingent upon an annual report being submitted by the above date each year. Failure to submit this report on an annual basis may result in suspension of the project by the HREC.*