Gleneagles Hospital
HONG KONG
港怡醫院

Research Progress Report Form

For Office Use:
Date received: _____ *(dd/mm/yy)*
Application Reference No.: _____

Research identification

Study title	

GHK Reference No.		Study start date	___/___/___
Protocol no.		Anticipated end date	___/___/___
Principal investigator			

Research Progress Report

Research Report sequence no.		Report period	___/___/___ to ___/___/___
Maximum number of participants/samples/records planned (local) :			
No. completed study		No. recruited	
No. withdrew			

Withdrawal reasons:	

Changes

Study protocol change	[ ] Yes [ ] No
Investigator change	[ ] Yes [ ] No
Have they been reported?	[ ] Yes [ ] No
Nature of change:	

Summary of Serious Adverse Events

Does the SAE affect the study, and how? ☐ Yes ☐ No

Summary of Complaints from Subjects

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Interim Analysis of Data

According to schedule	☐ Yes ☐ No ☐ Not Applicable

Updated Information

Updated information that may affect a subject's willingness to continue (e.g. recall of investigation product)	☐ Yes ☐ No
New evidence that addresses the research hypothesis	☐ Yes ☐ No
Describe new information and actions taken:	
Is the 'Certificate of Insurance' (if applicable) of the study still valid? **Please attach renewed 'Certificate of Insurance' if the present one is expired.**	☐ Yes ☐ No

Public disclosure of this Clinical Trial*

**Defined by World Health Organization (WHO) as any experimental study which prospectively allocates humans to a medical intervention. For reporting purposes, it includes non-randomised Phase I trials, randomised Phase I, II or III trials, and Phase IV or post-licensure trials of health products if they involve prospective designs (with or without randomisation.*
Source: Statement on Public Disclosure of Clinical Trial Results ***http://www.who.int/ictrp/results/reporting/en/***

Is this study a Clinical Trial?	☐ Yes (Proceed to answer the next question) ☐ No (no need to answer the following questions)
This clinical trial is registered in a publicly available, free to access, searchable clinical trial registry	☐ Yes (Proceed to answer the next question) ☐ No (no need to answer the following questions)
Name of the clinical trial registry	
Registry identifier code/number for this clinical trial	

Current progress of Study

☐ Continue according to the plan

☐ Extend study period, due to:

☐ Premature termination, due to:

Report by:

Name	Signature	Date