**Research Progress/Completion Report**

To: Chair, Institutional Review Board, School of Tropical Medicine and Global Health

|  |  |  |  |
| --- | --- | --- | --- |
| Date of submission | Day: | Month: | Year: |

1. **Lead Institute PI**

|  |  |
| --- | --- |
| Name |  |
| Affiliation | School of Tropical Medicine and Global Health |
| E-mail |  |
| *If the applicant is a student, fill-in the following items* |
| Student ID number |  |
| Course | Master [ ]  International Health Development (MPH) [ ]  Health Innovation (MSc) [ ]  Tropical Medicine (MTM)Doctoral [ ]  PhD (TMGH-LSHTM Joint degree) [ ]  PhD (Global Health) [ ]  DrPH (Public Health) |
| Name of primary supervisor |  |
| Name of secondary supervisor |  |
| Primary supervisor approved for submission of this report. | [ ]  Approved |

1. **Approved research title**

|  |  |
| --- | --- |
| Title |  |
| Approved number | NU\_TMGH\_〇〇〇\_〇 |

1. **Status of research**

|  |
| --- |
| [ ]  Completed  |
| [ ]  In progress |
| [ ]  Permanently/temporarily terminated (Reasons: ) |
| [ ]  Resumed (Reasons: ) |
| [ ]  Other (Specify: ) |

1. **Duration and milestone**

|  |  |
| --- | --- |
| Originally planned start/end dates | Updated start/end dates |
| Start: Month Year  | Start: Month Year  |
| End: Month Year  | End: Month Year  |

1. **Deviations from the original/changed plan**

|  |
| --- |
| [ ]  Yes (Deviations : 　　 ) [ ]  No |

1. **Adverse events and troubles**

|  |
| --- |
| [ ]  Yes　Total number of adverse events/troubles cases from 1st Oct. to 30th Sep. : cases Last year This year |
| 1. Of the above, any serious adverse events/troubles included?
 | [ ]  Yes:　 cases　 | [ ]  No 　 　　  |
| 1. Of the above, any adverse events/troubles caused by the study?
 | [ ]  Yes:　 cases | [ ]  No |
| [ ]  No |

1. **Specimen/data retention**

|  |  |  |
| --- | --- | --- |
| Type of specimen/data (e.g. blood/household data) | Retention: Storage location/place | Disposed: |
| The way of disposing | Date of disposing |
|  |  |  | Month Year  |
|  |  |  | Month Year  |
|  |  |  | Month Year  |

*(Add rows, if necessary)*

1. **Specimen/data transfer to other institutions**

|  |  |  |
| --- | --- | --- |
| Type of specimen/data (e.g. blood/household data) | Name of other institutions | Date of specimen/data transfer |
|  |  | Month Year  |
|  |  | Month Year  |
|  |  | Month Year  |

*(Add rows, if necessary)*

END