**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