**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 |  |
| 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 |  |

1. **Status of research**

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

1. **Duration**

Does this study change the start/end dates of the original/last amended plan?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  Yes Specify the dates:

|  |  |  |
| --- | --- | --- |
| Original/last amended planned start/end dates | Start: | Month Year  |
| End: | Month Year  |
| Updated start/end dates | Start: | Month Year  |
| End: | Month Year  |

 |
| [ ]  No |

\*Other changes except for research period should be amended with A1 Form.

What is the basis for selecting this specific date as your research completion date? Please select one of the options below. If you are a student, Option 1 should be selected, in principle.

[ ]  1. Master/doctoral program was completed on this date (i.e., graduation).
[ ]  2. All data analyses were completed by this date.
[ ]  3. The research results were published in academic journal(s) on this date.
[ ]  4. The research was terminated on this date.

[ ]  5. Other (please specify): .……………………………………...……………………

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

Is this study a clinical trial of drug(s)/medical device(s)?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes

|  |  |
| --- | --- |
| Any deviations in your clinical trial? | [ ]  YesSpecify ……………………...………………………….…………………………………………………………. |
| [ ]  No |

 |
| [ ]  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 |
| [ ]  Not applicable (Intervention not involved) |

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  |

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  |

1. **Publications/presentations**

|  |
| --- |
| 1. Submission/presentation as master's thesis or doctoral dissertation to/at TMGH or other school(s)

 [ ]  Submitted/presented [ ]  To be submitted/presented [ ]  Not planned |
| 1. Publication(s) in academic journal(s)

 [ ]  Published [ ]  To be published [ ]  Not planned |
| 1. Presentation(s) at academic conference(s)

 [ ]  Presented [ ]  To be presented [ ]  Not planned |

END