**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**
	1. 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.

* 1. 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/Not applicable |
| 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