Protected A When Completed

Annual Progress Report for Research Involving Humans Health Canada-PHAC Research Ethics Board

If research is ongoing, it is the responsibility of the researcher to seek REB review prior to the expiry of the ethics certificate. The REB ethics approvals are valid for a maximum of one (1) year. The research must be reviewed at least annually by the REB and until it is completed (see the instructions for the Completion/Termination Report Form for more information regarding when a research project can be considered completed). Researchers should submit an Annual Progress Report Form approximately two months prior to the certificate expiry date.

Instructions for completing this form

General information

All sections of the application form should be completed. If a section does not apply, select "No" or "N/A", or enter "N/A" in the text box, as appropriate.

If the allotted space in any section is insufficient, extra pages can be submitted with the application as a separate document. Make a note in the relevant text box that the entry is continued on an additional page. Indicate on the additional page which section of the application is being continued, and include the name of the principal investigator and the project title in the header.

Section 1.4: Health Canada/PHAC contact person

For projects where the principal investigator is external to HC/PHAC, the contact person is typically the HC/PHAC project authority, project officer, funding officer, research coordinator, or another relevant HC/PHAC employee associated with the project. This section may also be used when the principal investigator is from HC/PHAC, to designate another contact person in addition to the principal investigator. If there is no contact person to name, enter "N/A" in the 'name' field.

Section 2.1: Plain language summary

If the project direction has not changed since the initial submission, the plain language summary that was originally provided in the Application for Initial Review of Research Involving Humans can be copied and pasted here. Otherwise please include a revised summary that more accurately reflects the current direction of the project.

Section 2.4: Study progress

If any articles, reports, presentations, etc. have been submitted, presented or published during the period covered by this report, provide the references in the text box or include a copy with the report.

Section 4: Signature

Digital signatures are accepted and encouraged. If the form is not signed electronically, print the Signature section of the form and obtain the required signature in hard copy. Once the Signature section is complete, scan the signed page and include it with the submission, along with an electronic copy of the completed form in PDF format and all other supporting documents as required.

Note that an approval signature from the principal investigator's supervisor or Health Canada/PHAC contact person is not required.

Additional information

For questions that are not addressed in these instructions, contact the REB Secretariat at reb-cer@hc-sc.gc.ca or 613-941-5199.





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Section 1: Gen	eral Information		
1.1 Protocol number:			
1.2 Project title:			
1.3 Principal inv	estigator:		
Name:			
Job title:			
Place of work:			
Address:			
Telephone:			
E-mail:			
1.4 Health Canad	da / PHAC contact person (if applicable):		
Name:			
Job title:			
Branch:			
Department/Ag	ency:		
Address:			
Telephone:			
E-mail:			

Section	2: Stud	ly Details

2.1	Plain language summary:			
Provide a plain language summary of your research proposal (in 300 words or less):				
2.2	Study dates:			
(a)	Date of original REB approval:		_	
(b)	When did the study begin?		_	
(c)	Anticipated completion date:			
2.2	Study phase (coloct all that are all	۸.		
	Study phase (select all that apply			
	Inactive / on hold / not started			Pilot study / initial scoping
	Active enrolment of participants			Ongoing research and analysis
	Final data analysis and manuscrip	pt/report preparat	tic	on

2.4	Study progress:
(a)	Provide a brief summary of the study progress and results achieved since the last REB review, and a
` ,	brief description of the plans for the coming year:
	blef description of the plans for the coming year.
(b)	Have there been any challenges or delays in carrying out this project?
	O Yes – please explain:

O No

2.5 Participant recruitment and sample or data analysis (if applicable):			
(a)	If the study involves recruitment of human	particip	ants:
	• Number of participants enrolled to date:		
	Number of additional participants require	ed:	
	Number of participants who have withdra	awn:	
	Number of participants who have complete	eted the	study and with whom no
	further contact for study purposes is plar	nned:	
(b)	If the study involves sample analysis (e.g., h	numan b	piological materials, air or water samples):
	• Number of samples received to date:		
	Number of samples analyzed to date:		
	Number of additional samples to come:		
(c)	If the study involves secondary use of data:	have al	I required datasets been received?
	O Yes O No		
(d)	Please explain any change to the recruitmen	nt target	or total number of samples to be analyzed
	since the last annual progress report. In add	ition, if	you wish to elaborate on any of the answers
	provided above, please use the space below	' :	
Sec	tion 3: Administrative Information		
500	tion 3. Administrative information		
3.1	Funding status:		
Ο	Funded – funding end date (if applicable):		
0	Unfunded		
If th	ne project funding has changed since the last I	REB revi	ew, please explain:

3.2 Amendments:

Have all modifications to the research (including changes to the research methods, recruitment material, consent documents, study instruments, research team, etc.) been submitted to the REB for approval?

- O Yes
- O No complete and submit an Amendment Request Form to the REB Secretariat
- O N/A (no modifications have been made to the study)

3.3 Adverse events:

Have all adverse events experienced by participants been reported to the REB?

- O Yes
- O No complete and submit an Adverse Event Report Form to the REB Secretariat
- O N/A (no adverse events have occurred)

3.4 Privacy and confidentiality:

Has there been a change in persons with access to study data, the location of stored data, security arrangements, or the duration of the data conservation period?

0	Yes – please explain:
0	No

O N/A

Signature:

3.5 Conflicts:		
Does the principal investigator or any member of the study team have a new (i.e., previously		
undeclared) real, apparent or potential conflict of interest?		
O Yes – disclose any conflicts and include a description of the proposed approach for managing those		
conflicts:		
O No		
Section 4: Signature		
4.1 Attestation of principal investigator:		
I certify that all the information provided herein is accurate and complete, and that I will inform the		
Research Ethics Board Secretariat immediately if any changes are made to the research protocol or if		
any errors are discovered in this annual progress report.		
Principal investigator:		

Date:

Privacy notice: The personal information provided in this form is handled in accordance with the *Privacy Act*. We only collect the information we need to process your annual progress report as authorized under section 4 of the *Department of Health Act*. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact the Health Canada and Public Health Agency of Canada Privacy Management Division at 613-954-9165 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

Submit an electronic copy of the completed form and all supporting documents to:

Health Canada-PHAC Research Ethics Board Secretariat

reb-cer@hc-sc.gc.ca

If the form is not signed electronically, include a scanned copy of Section 4 (Signature) with the necessary signature when submitting your form.

