**NATIONAL INSTITUTE OF INTEGRATIVE MEDICINE**

**HUMAN RESEARCH ETHICS COMMITTEE (EC00436) RESEARCHER ANNUAL/FINAL REPORT ON APPROVED RESEARCH**

**TYPE OF REPORT (please tick one)**

**□ ANNUAL REPORT □ FINAL REPORT**

|  |  |
| --- | --- |
| **PROJECT TITLE** |  |
| **PROJECT NO. (HREC APPROVAL NUMBER)** |  |
| **DATE OF ORIGINAL APPROVAL** |  |
| **PRIMARY CHIEF INVESTIGATOR** |  |
| **ANTICIPATED DATE OF COMPLETION AT TIME OF APPROVAL** |  |

**THIS PROJECT HAS (please mark appropriate response):**

**COMMENCED YES □ NO □**

Date started:

**BEEN ABANDONED YES □ NO □**

Please state reason:

**NOT COMMENCED YES □ NO □**

Expected starting date:

**COMPLETED YES □ NO □**

**REQUIRES AN EXTENSION YES □ NO □**

**If yes, please give reasons. Note that a Research Extension must be applied for using the HREC Approval Extension Form.**

**HAVE ANY UNANTICIPATED ETHICAL ISSUES EMERGED IN THE COURSE OF THE PROJECT IN RELATION TO:**

**STUDY DESIGN? YES □ NO □**

**RECRUITMENT? YES □ NO □**

**FINANCE? YES □ NO □**

**FACILITIES OR EQUIPMENT? YES □ NO □**

**IF YES PLEASE GIVE DETAILS (may be submitted as attachment if necessary)**

**HAS THERE BEEN ANY SIGNIFICANT CHANGES IN PROCEDURE OR DIRECTION OF THE PROJECT, OR IN THE SOURCE, OR MANNER OF RECRUITMENT, NUMBER OF SUBJECTS, OR ANY OTHER SIGNIFICANT CHANGES SINCE INITIAL APPROVAL OF THE PROJECT?**

**YES □ NO □**

**IF YES PLEASE SUMMARISE THE AMENDMENTS MADE & GIVE DATES OF HREC APPROVAL FOR ANY CHANGES MADE (eg. to study protocol, Participant Information etc; may be submitted as attachment if necessary)**

**IN THE FUTURE, WILL THERE BE ANY SIGNIFICANT CHANGES IN PROCEDURE OR DIRECTION OF THE PROJECT, OR IN THE SOURCE, OR MANNER OF RECRUITMENT, NUMBER OF SUBJECTS, OR ANY OTHER SIGNIFICANT CHANGES SINCE INITIAL APPROVAL OF THE PROJECT?**

**YES □ NO □ NOT APPLICABLE □**

**IF YES PLEASE SUMMARISE THE PROPOSED AMENDMENTS TO BE MADE AND THE ANTICIPATED DATE THEY WILL BE SUBMITTED TO THE HREC FOR APPROVAL (may be submitted as attachment if necessary)**

**HAVE ANY PARTICIPANTS WITHDRAWN FROM THE PROJECT?**

**YES □ NO □**

**IF YES, PLEASE GIVE REASONS PLEASE (may be submitted as attachment if necessary)**

**HAVE THERE BEEN ANY ADVERSE EVENTS?**

**YES □ NO □ NOT APPLICABLE □**

**IF YES, PLEASE GIVE DETAILS INCLUDING ACTIONS TAKEN (may be submitted as attachment if necessary)**

**PLEASE GIVE A BRIEF SUMMARY OF ANY RESULTS OF THE RESEARCH TO DATE:**

**PLEASE LIST PUBLICATIONS ACCEPTED OR IN PRESS OR PUBLISHED, OR ANY PRESENTATIONS GIVEN AT CONFERENCES RELATING TO THIS RESEARCH PROJECT:**

**DECLARATION OF CHIEF INVESTIGATOR**

**I CONFIRM THAT THIS PROJECT IS BEING CONDUCTED AS ORGINALLY APPROVED BY THE NATIONAL INSTITUTE OF INTEGRATIVE MEDICINE HUMAN RESEARCH ETHICS COMMITTEE (EC00436), SUBJECT TO ANY CHANGES SUBSEQUENTLY APPROVED BY THE NIIM HREC AND THAT ALL ADVERSE EVENTS HAVE BEEN REPORTED TO THE HREC IN ACCORDANCE WITH THE NHMRC’S NATIONAL STATEMENT FOR THE ETHICAL CONDUCT OF RESEARCH IN HUMANS.**

**CHIEF INVESTIGATOR NAME:** ........................................................................

**EMAIL:** ............................................................................................................

**MOBILE NO:** ...................................................................................................

**DATE:** .............................................................................................................

**SIGNATURE:** ............................................................................................................

**COMPLETION AND SUBMISSION**

**Please complete and return to the Secretary of the NIIM Human Research Ethics Committee via email:** **hrec@niim.com.au**