

STUDY REPORT FORM TO FPD RESEARCH ETHICS COMMITTEE

6-Month Progress Report

Final Study Report

A. Principal Investigator

Surname:				Title:	
First name:					
Organisation/ Department:					
Position:					
Email:					
Telephone:	(w)		(c)		

B. Protocol Details

Protocol Title:		
REC Reference Number:		
Date of Ethics Approval:		
Commencement date of study:		
End date of study:		
Did you apply for any amendments/extensions to the study?	Yes	No
If yes, please provide the date the amendment was approved:		

C. Executive Summary (500 words)

Introduction [Describe the topic of the study]

Research Objectives [List the research study's objectives/ questions/ hypothesis]

Methods [Describe the research design or approach, sampling methods, the number of participants entered per site, data collection and data analysis methods used to answer or test each of the research questions/objectives/hypotheses]

Findings [Describe the main findings of the research and any changes in the research design including methodology. Provide the number of withdrawals and the reason for the withdrawals per site Provide any relevant new information]

Recommendations or Policy Implications [Describe the recommendations for further research and/or policy and guideline implications]

Conclusion/ Discussion [Describe findings in relation to the topic. Describe the direct/immediate implications the study will have/already has had on the participants, target population, community, organisation, or system, as well as broader implications the study may have]

D. Challenges experienced / Unforeseen ethical issues or events.

[Please provide details of any challenges experienced during this study]

Did any unforeseen ethical issues arise during the study? [If yes, please provide details of the issues and how they were addressed]	Yes	No
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Ethical Challenges:
Other Challenges:

E. Deviations from protocol

Have any serious violations or breaches of the protocol occurred during the study?	Yes	No
[If yes, please provide details of the breaches and how they were addressed]		

F. Adverse events/ social harm

Have any adverse events or social harms occurred during or due to the study?	Yes	No
[If yes, please provide details of the events and how they were addressed]		

G. Student Supervisor

Name of Supervisor	
E-mail address:	
Mobile number:	

Company	
<p>Briefly describe the role of the Supervisor in the conduct, analysis, and write-up of the study.</p>	

H. Declaration

Signature of Supervisor:	
Print name:	
Date of submission:	

I. Declaration

Signature of Principal Investigator:	
Print name:	
Date of submission:	

J. Attachments

Please attach the 6-Month Study Report or Final Study Report and any additional relevant documents.

Please find the following attached to this report:

- 1) Final Study Report/ 6-Month Study Report
- 2)