



INSTITUTIONAL ETHICS AND REVIEW BOARD
 12th Floor, Our Mother of Perpetual Succour Medical Specialty Center
 Perpetual Succour Hospital
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Progress Report Form	<u>PSH-IERB</u> <u>Form 4A</u>
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PSH-IERB Code:		Date Submitted:	
Protocol Number/Study Title:			
Sponsor:		Sponsor's Local Address:	
Principal Investigator:	Sub-Investigator:	Study Coordinator:	
Email address:		Contact No.:	

Please fill out the needed information below:

Number of Study Arms:
Target PSH Sample Size:
Total # of screened patients:
Total # of screen failures:
Total # of patients successfully enrolled:
of patients who have withdrawn from the study: (state reason for withdrawal)
of patients currently enrolled in the study:
Summary of Amendments*
Summary of SAE's reported*
Summary of reported SUSARs*
Summary of Protocol Deviations*

Submitted by:

For IERB Members: Please indicate decision and state the reason and action required to continue the study.	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required: _____ _____ Reviewer's signature over printed name Date reviewed: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required: _____ _____ Reviewer's signature over printed name Date reviewed: _____
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