



INSTITUTIONAL ETHICS AND REVIEW BOARD
12th Floor, Our Mother of Perpetual Succour Medical Specialty Center
Perpetual Succour Hospital
Gorordo Avenue, Cebu City
Tel No/Fax No: +63-32-342-0853

<h1 style="margin: 0;">Progress Report Form</h1>	PSH-IERB Form 4A
--------------------------------------------------	-----------------------------

PSH-IERB Code:		Date Submitted:	
Protocol Number/Study Title:			
Sponsor:		Sponsor's Local Address:	
Principal Investigator:	Sub-Investigator:	Study Coordinator:	
Email address:		Contact No.:	
Date of Initial Approval:		Date of Last Approval:	

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# of patients who have withdrawn from the study: (state reason for withdrawal)	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 for 1 year <input type="checkbox"/> Modification required: _____ _____ Reviewer's signature over printed name Date reviewed: _____	<input type="checkbox"/> Approved for 1 year <input type="checkbox"/> Modification required: _____ _____ Reviewer's signature over printed name Date reviewed: _____
---------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------