Annual Status Report Form

**Research Ethics Committee SUH**

Chairperson: Dr. Miriam O’Sullivan

Admin: Susanna Haupt

Phone: +353-71-91 80305

Mail: office@ref-sligo.ie

Web: [www.ref-sligo.ie](http://www.ref-sligo.ie/)

for studies approved by the

Research Ethics Committee Sligo University Hospital (REC SUH)

1. Principal Investigator: ………………………………………………………………………………………………………………
Professional Registration Number: ………………………………………………………………………………………………
Accreditation Body: …………………………………………………………………………………………………………………
2. Department/ Organisation: …..…….…………………………………………………………….…………………………….
3. Title of Research Study:………………………………………………………………………..…………………………………
4. Date of Original REC Approval: ……………………………………………………………………………………………….
5. REC Application Number: ……………………………………………………………….………………………………………
6. Study Commencement Date: .…………………………………………………………………………………………………
7. Please indicate Progress to date: ………………………………………………………………………………………………
8. For completed studies, please give short summary of the study (max 200 words):
9. Please indicate if the study procedures have complied with the approved study proposal and/ or amendments to the proposal.
10. Please describe measures taken to maintain and secure personal information/ records pertaining to the researcher
11. Have you encountered any problems relating to ethical issues? If yes, what did you do to resolve those?
12. Date of completion of study/ estimated date of completion: ……………………………………………………

Signed:

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Principal Investigator Date