

ANNUAL PROGRESS REPORT/RENEWAL

Human Research Ethics Committee (HREC)
OHRP Number: IORG0006278 FWA
Registration Number: IRB00007553 SA
NHREC Registration Number: REC-270606-013



This report must be submitted by the principal investigator (PI) to the HREC secretariat, who will forward it to the HREC chairperson, on an annual basis until the research project is completed. It is a requirement that all PIs ensure that an annual progress report is provided for all approved research.

Principal Investigator to complete the following:

Principal Investigator Information

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| Principal Investigator | |
| Email address | |
| Contact Number | |
| Protocol Title | |
| HREC Ref No | |
| Last approval date | |
| Are there any sub-studies linked to this protocol | |
| If yes, provide reference numbers and clearance certificates for all sub-studies N.B: A separate progress/renewal form must be submitted for each study | |

Protocol Status

| | |
|--|--|
| Research-related activities are ongoing | |
| Research-related activities are complete, long-term follow-up only | |
| Research-related activities are complete, data analysis only | |
| The main study is complete but sub-study research-related activities are on-going | |
| Study is closed If closed, indicate the study closure date | |
| Indicate whether a report on the study was submitted to the HREC and the submission date | |

Progress of Study

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Study Enrolment

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| How many participants are enrolled in the study? | |
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| How many refused consent? Indicate the reasons for refusal of consent. | |
| How many withdrew from the study? Indicate the reasons for withdrawal. | |
| How many were Lost to Follow Up? Indicate steps taken to trace participants. | |
| How many Premature Treatment discontinuations? (where applicable) Indicate reasons and follow-up of these participants. | |
| How many Premature Study discontinuations? Indicate reasons and follow-up of these participants. | |

Amendments

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|---|--|
| How many amendments have there been since the original approval? | |
| How many amendments have been approved since the last review? Indicate the Dates _____ | |
| Are new protocol changes/amendments being requested as part of this continuing review? | |

Adverse Events

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|---|
| <p>Please provide/attach a narrative summary of serious adverse events and/ or unanticipated problems since the last progress report. Please indicate changes made to the protocol and informed consent document(s) as a result (if not already reported to the HREC). Please comment on whether causality to any study procedure or intervention could be established.</p> |
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|---|-----------------------------|---|
| Have participants received appropriate treatment/ follow-up/ referral when indicated (e.g. in the case of abnormal or incidental clinical findings, distress or anxiety)? | | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |
| If yes, please describe | | |
| | | |

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|---|-----------------------------|---|
| Has there been any agency, institutional, or other inquiry into non-compliance in this study, or any finding of non-compliance concerning a member of the research team | | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |
| If yes, please explain. | | |
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List of Documentation for Approval

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Signature

| | |
|------------------|-------|
| Signature of PI: | Date: |
|------------------|-------|