B I C O L U N I V E R S I T Y
C o l l e g e o f M e d i c i n e
Institutional Review Board
Telefax: (052) 742-0076
URL: http://www.bicol-u.edu.ph/bucm/
Email: bucm_irb@bicol_u.edu.ph

PROGRESS REPORT (FORM 3.3)

IRB Protocol No.		Approval Date	
Protocol Title			
Investigator.		Sponsor	

ACTION REQUESTED:

- ☐ Renew - New participant accrual to continue
- ☐ Renew - Enrolled participant follow up only
- ☐ Terminate - Protocol discontinued

Any amendment since the last review? (Describe briefly.)	☐ No	☐ Yes
Any change in participant population, recruitment or selection criteria since the last review? (Explain the changes.)	☐ No	☐ Yes
Any change in the Informed Consent process or documentation since the last review? (Please explain.)	☐ No	☐ Yes
Is there any new information in recent literature or similar research that may change the risk/ benefit ratio for participants in this study? (Discuss and attach a narrative.)	☐ No	☐ Yes
Any unexpected complication or side effect noted since the last review? (Discuss and attach a narrative.)	☐ No	☐ Yes
Did any participant withdraw from this study since the last approval? (Reasons for withdrawal)	☐ No	☐ Yes

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Any new investigator that has been added to or removed from	☐ No	☐ Yes

Primary Reviewers:	Signature:	Date:

Summary of protocol participants:

- ☐ Accrual ceiling set by IRB
- ☐ New participants accrued since last review
- ☐ Total participants accrued since protocol began

Total participants accrued since protocol began

ACCRUAL EXCLUSIONS

- ☐ None
- ☐ Male
- ☐ Female
- ☐ Others (Specify) _____

Are there any new collaborating sites that have been added or deleted since the last review? Please identify the sites and note the addition or deletion.	☐ No	☐ Yes

Impaired Participants

- ☐ None
- ☐ Physically
- ☐ Cognitively
- ☐ Both

To be filled up by IRB

Date received:		Received by:	
		Printed name:	
		Signature:	

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Recommendations	Type of review:
☐ Approve	☐ Expedited review
☐ Request an amendment to the protocol or the consent form.	☐ Full board review
☐ Request further information.	Date of meeting:
☐ Suspend or terminate the study	_____
☐ Others:	

Changes to the protocol recommended ☐ No ☐ Yes
Comments:

Changes to the informed consent form recommended? ☐ No ☐ Yes
Comments:

IRB Final Decision:	

Certified by:

Name of Member-Secretary:	Signature:	Date