**Yenepoya Ethics Committee - 1**

**Ann04/SOP10/v3**

**Periodic/ Continuing Review Application Form**

*(Download the form, type the details, print, sign, scan and send to YEC-1 at* *ethcom@yenepoya.edu.in**. Please do not delete any of the text typed in the form)*

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| 1. **Protocol details**
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| 1 | YEC-1 Protocol No. |  |
| 2 | Title: |  |
| 3 | Type of Study |  |
| 4 | Name of the Principal Investigator: Department and Institution: |  |
| 5 | Names of all the Co-PIs:Department and Institution: |  |
| 6 | Names of Research Assistants/Data Coordinators |  |
| 6 | Validity of approval by YEC-1  | From: | To:  |
| 7 | Extensions of approval *(add rows for each extension)* | From:  | To:  |
| 8 | Protocol amendment *(add rows for each amendment)* | From: | To: |
| 9 | Date for periodic review (as per YEC-1 communication) |  |  |
| 1. **Protocol timelines**
 |
| 1 | Date of first recruitment: |  |
| 2 | Date of the last recruitment: |  |
| 1. **Participant details**
 | **Number** | **Date**  |
|  | Sample size approved  |  |
|  | Number of participants screened/date of last screened |  |  |
|  | Number of screen failures/date of last screen failure |  |  |
|  | Number of participants recruited  |  |  |
|  | Number of ongoing participants |  |  |
|  | Completed participants/date when last participant completed |  |  |
|  | Participants who withdrew the consent/date of last withdrawal(Provide reasons for withdrawal) |  |  |
|  | Participants who were discontinued from the study by PI or sponsor/date of last discontinuation(Provide reasons for discontinuation from study) |  |  |
|  | Participants with adverse events/dates for all adverse events(Provide details of each adverse event – attach separate sheet if necessary) |  |  |
| 10 | Number of Serious Adverse Events (SAEs) reported/dates for all SAEs reported(Provide details of reporting of each SAE) |  |  |
| 1. **Changes in the protocol/ risk to participants:**
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| 1 | Whether approved protocol version followed (provide protocol number):  | Yes / NoProtocol version number: |
| 2 | Any changes made in the selection criteria of participants  | Yes / No (If yes, please provide details) |
| 3 | Any changes made in the protocol | Yes / No (If yes, please provide details) |
| 4 | Any changes made in the study team; any change in guide | Yes / No (If yes, please provide details) |
| 5 | Any changes in the sample size | Yes / No (If yes, please provide details) |
| 6 | Any changes in the funding status | Yes / No (If yes, please provide details) |
| 7 | Any increase in the risk to the participants based on the findings of the current study/new information in literature | Yes / No (If yes, please provide details) |
| 8 | Any protocol deviations noted | Yes / No (If yes, please provide details) |
| 1. **Monitoring/ data analysis**
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| 1 | Has interim data analysis been done?  | Yes / No (If yes, provide the report) |
| 2 | Has the data safety and monitoring board reported?  | Yes / No (If yes, provide the report) |
| 3 | Has YEC-1/ regulatory authorities conducted a site monitoring/ audit? | Yes / No (If yes, provide the report) |
| 1. **Any other:**
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| 1 | Have any investigator(s) developed a conflict of interest during the conduct of the study: | Yes / No (If yes, provide the report) |
| 2 | Have any of the research team members faced any difficulties/events during the study | Yes / No (If yes, provide the report) |
| 3 | Any other information you would like to share with the YEC-1  |  |

Signature of the PI: (with name and date)

Signature of the guide (if any): (with name and date)