



ST. VINCENT'S HEALTH AND AGED CARE
HUMAN RESEARCH AND ETHICS COMMITTEE

Progress Report

Report type	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Final Report
Date:	Click here to enter a date.	
HREC reference	Click here to enter text.	
SVHA location	<input type="checkbox"/> St Vincent's Private Hospital Brisbane	<input type="checkbox"/> St Vincent's Private Hospital Northside
	<input type="checkbox"/> St Vincent's Private Hospital Toowoomba	<input type="checkbox"/> St. Vincent's Care Services
TITLE OF THE RESEARCH PROPOSAL		
Click here to enter text.		

Information Required	Response		
Is the project in progress?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has the project been completed and can therefore be closed off?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has the approving/lead HREC approved an extension?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
		If yes, what is the current ethical approval expiry date?: Click here to enter a date.	
Has the project complied with the approving/lead HREC conditions of approval?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has the privacy of participants and the confidentiality of their data been maintained in line with the conditions of this study's approval?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have there been any changes to the maintenance and security of research data (as originally conveyed to participants)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have all conflicts of interest been declared?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is the study insurance appropriate and current (if applicable)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Completed by			
	Name:	Click here to enter text.	
	Role:	Click here to enter text.	
	Date	Click here to enter a date.	