***Final Report Template***

Please forward this report when you project is complete.

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| --- | --- |
| **Project Title:**  |  |
| **Principal Investigator:**  |  |
| **ACTH-HREC reference number: ETH.**  |  |
| **Date of Approval:** | dd/mm/yyyy |
| **Date of Completion:** | dd/mm/yyyy |
| **Person Completing the Report** |  |
| **Date of Report:**  | dd/mm/yyyy |

**Section 1: Summary of the Project**

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| *Summarise project including outcomes* |

**Section 2: Recruitment**

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| Total number of recruits enrolled in the project – worldwide |  |
| Total number of recruits enrolled in the project – ACT Health |  |
| Total number of recruits to complete the study – ACT Health |  |

**Section 3: Reporting – all projects**

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| Was all reporting been completed and submitted to the HREC as follows:*Address each item and where compliance has not been maintained, please include an explanation* |
| Annual Project Progress Report | **Yes/No** |
| Amendments to the study proposal or protocol | **Yes/No** |
| Amendments to the participant information and consent forms (PICF) | **Yes/No** |
| Changes of investigator or other personnel | **Yes/No** |
| Any events that may affect the continued ethical acceptability of the study | **Yes/No** |
| Comments |

**Reporting – As Applicable**

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| Has all reporting been completed and submitted to the HREC as follows:*Address each item and where compliance has not been maintained, please include an explanation* |
| SUSAR/Line listing – if applicable  | **Yes/No** |
| Data safety and monitoring board (DSMB) reports | **Yes/No** |
| Serious Adverse Event (SAE) reports | **Yes/No** |
| Changes in clinical practice that may affect the study | **Yes/No** |
| Comments |

**Section 4: Publications**

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| Have there been publications resulting from the project? | **Yes/No** |
| If yes, have these been reported to HREC? | **Yes/No/Attached** |

**Section 5: Additional comments**

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| *Please provide any additional comments you would like to make* |

**Investigator Declaration**

I confirm the above details are true and correct

|  |  |
| --- | --- |
| Signature: | Date: |

Please return the completed report via email to: ethics@act.gov.au