

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:	<input type="text"/>	
HREC reference	Click here to enter text.	
SVHA location	<input type="checkbox"/> St Vincent's Private Hospital Brisbane (SVPHB)	<input type="checkbox"/> Holy Spirit Northside Private Hospital (HSNPH)
	<input type="checkbox"/> St Vincent's Private Hospital Toowoomba (SVPHT)	<input type="checkbox"/> St. Vincent's Care Services
<b>TITLE OF THE RESEARCH PROPOSAL</b>		
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?: <input type="text"/>
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	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Inspired  
by *You*

conveyed to participants)?			
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
<b>Completed by</b>			
Name:	Click here to enter text.		
Role:	Click here to enter text.		
Date	<input type="text"/>		