AIDD Ethics Committee

Annual Progress/Final Report Form

Address for Correspondence: ***House 76 & 78, Road 14, Block B, Banani R/A, Dhaka - 1213***

*The committee currently accepts scanned copies of signed forms via email:* ***disabilityasia@gmail.com***

|  |  |
| --- | --- |
| **ADMINISTRATION** | |
| **Approval No.** |  |
| **Project Title:** |  |
| **Select:** | □ Annual Progress Report  □ Final Report |

|  |
| --- |
| **PROJECT STATUS** |
| □ In Progress □ Completed □ Not Commenced □ Abandoned |
| **Please provide a short (50 word) summary of the project (from initial Ethics application)** |
| **Progress:** *(Please tick and/or include additional information as required*  □ I confirm that I have complied with the conditions of ethical approval including security of records and procedures for consent.  If otherwise, please give details:  □ I confirm that there have not been any adverse events/unanticipated issues that have arisen.  If otherwise, please give details:  □ I confirm that I have not received any complaints concerning the research.  If otherwise, please give details:  □ I confirm that       proportion of the target sample has been enrolled in the study.  □ I confirm that       portion of the data has been collected.  Major findings (include mention of any ethical issues that have arisen, and how they have been resolved) (maximum 2 pages):  Intended journals for publication of results:  □ I confirm that I will forward copies of any published articles to the Ethics Committee once in print. |
| ***Please complete only if ethics approval period is expiring***  **If you require an extension of your ethics approval period, please indicate length required and briefly describe reason for ethics extension.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION** | | | |
| I confirm that this project is being conducted / has been conducted in accordance with the Bangladesh Medical Research Council’s (BMRC) Guidelines for Ethical Review of Projects involving Human Subjects, and as originally approved by the Human Research & Ethics Committee (and subject to any changes subsequently approved). I confirm that I have notified the Committee of any ethically relevant variations in the research, or adverse events. | | | |
| Name: | | | |
| Signature |  | Date: | DD / MM / YYYY |