

Appendix 3: Progress Report Form

**INSTITUTIONAL SCIENTIFIC ETHICS REVIEW COMMITTEE (ISERC)
TOM MBOYA UNIVERSITY
PROGRESS REPORT**

(SERC Ref. No)

REPORT DATE (from - to)

URC

Seed Money

External Funded:

Local

Overseas

FUNDING AMOUNT:

PERIOD (from & to):

Project Title:

Principal Investigator

(Or Reported By)

Project Commencement Date:

1. If the project has not commenced, or commencement delayed, advise when the project is expected to commence or whether the project is to be withdrawn or what is the reason for delay in starting the project work?

2. Is the project complete? Yes No

3. If, yes, give date : _____

4. Give a brief report of progress and results to date, if any, problems encountered actions taken to solve the problems, if any and include a list of publications, if any (attach a separate page if necessary).

5. Details of progress reports (if any) submitted earlier.

Report No	Period Covered	Phase Wise Completion Of The Work Plan	Date Of Submission	Remarks

6. Has the project been conducted in accordance with the protocol approved by the Research Committee and Ethics Committee Yes No
If no, please give details.

a) Were there any serious adverse events? Yes No Not Applicable

If yes, please details (Add extra rows if needed and attach copies of the adverse reports)

Adverse Event Details	Action Taken (In details)	Occurrence Date	Study/Not Study Related	Date reported to ISERC	Date reported to Hospital Patient Safety Committee

b) Where there any other Unanticipated Adverse Events

Adverse Event Details	Action Taken (In details)	Occurrence Date	Study/Not Study Related	Date reported to ISERC	Date reported to Hospital Patient Safety Committee

7. (a) Are you proposing any modification in the original protocol or methodology, or work plan?

Yes No

If **yes**, please detail reasons for modifications. (Add extra rows if needed and attach (i) revised proposal tracking the modifications (ii) clean copy of the revised proposal)

Item	Original Text & Page	Modification made & Page	Explanation for Change

(b) Are you proposing any change and/or addition of the Investigators?

Investigator Details	Explanation for Change

8. Has the ISERC approval period expired? Yes No

If **yes**, do you wish to apply for an extension of the approval period? Yes No

If **yes**, please state the new expiry date requested and the reason for request for extension.

New expiry Date Requested	Reasons for Extension

Please remember that any amendments to the approved protocol require further specific approval by ISERC.

I confirm that this research project is in conformity with the requirements of sponsor¹ and the approval of the ISERC and (and subject to any changes subsequently approved) and that all amendments are already reported to the Research Office.

All financial matters are dealt according to the grants & contracts office guidelines.

Principal Investigator/Primary Supervisor:

Name: _____ Department: _____

Signature: _____ Date: _____

Department Chair:

Name: _____ Department: _____

Signature: _____ Date: _____

¹ Sponsor is referred to as the funding agency for e.g. (URC, Seed Money or External funding agency)