

(Annexure 3)
Continuing Review/ Annual report format
Institutional Ethics Committee
Narayana Dental College & Hospital

EC Ref. No. (for office use):

Title of study:

Principal Investigator (Name, Designation and Affiliation)

1. Date of EC Approval: [Click here to enter a date.](#) Validity of approval: [Click here to enter a date.](#)
2. Date of Start of study: [Click here to enter a date.](#) Proposed date of Completion: [Click here to enter a date.](#)

Period of Continuing Report [Click here to enter a date.](#) ---- to ----- [Click here to enter a date.](#)
3. Does the study involve recruitment of participants? Yes No

(a) If yes, Total number expected No. Screened: No. Enrolled:

Number Completed: No. on followup: .

(b) Enrolment status – ongoing / completed/ stopped

(c) Report of DSMB¹⁶ Yes No NA

(d) Any other remark

(e) Have any participants withdrawn from this study since the last approval? Yes No NA

If yes, total number withdrawn and reasons:
4. Is the study likely to extend beyond the stated period¹⁷? Yes No

If yes, please provide reasons for the extension
5. Have there been any amendments in the research protocol/informed consent document (ICD) during the past approval period? Yes No

If No, skip to item no.6

(a) If yes, date of approval for protocol and ICD : [Click here to enter a date.](#)

(b) In case of amendments in the research protocol/ICD, was re-consent sought from participants? Yes No

If yes, when / how:

¹⁶In case there is a Data Safety Monitoring Board (DSMB) for the study provide a copy of the report from the DSMB. If not write NA.

¹⁷Problems encountered since the last continuing review application with respect to implementation of the protocol as cleared by the EC

6. Is any new information available that changes the benefit -risk analysis of human participants involved in this study? Yes No

If yes, discuss in detail:

7. Have any ethical concerns occurred during this period? Yes No
If yes, give details

8. (a) Have any adverse events been noted since the last review? Yes No

Describe in brief:

(b) Have any SAE's occurred since last review? Yes No

If yes, number of SAE's : Type of SAE's:

(c) Is the SAE related to the study? Yes No

Have you reported the SAE to EC? If no, state reasons Yes No

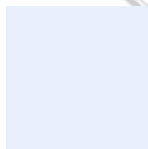
9. Has there been any protocol deviations/violations that occurred during this period? If yes, number of deviations
Have you reported the deviations to EC? If no, state reasons Yes No

10. In case of multicentric trials, whether reports of off-site SAEs have been submitted to the EC
Yes No NA

11. Are there any publications or presentations during this period? If yes give details Yes No

Any other comments:

Signature of PI:



[Click here to enter a date.](#)

