THOMSON HOSPITAL
KOTA DAMANSARA

RESEARCH PROGRESS REPORT FORM

Thomson Hospital Kota Damansara Research Ethics Committee (THKD REC)

The First Report should be submitted within **15 days** after 6 months from THKD REC initial approval date and thereafter 6 months until the research ends. THKD REC requires 3 monthly progress reports for studies with higher risk to the subjects.

Please send the completed Research Progress Report form and supporting documents to:

THKD REC Secretariat, c/o THKD Clinical Research Centre,
No. 11, Jalan Teknologi,
Taman Sains Selangor 1, PJU 5, Kota Damansara, 47810 Petaling Jaya, Selangor
Tel: +603-6148 7078 | Fax: +603-6287 1212
Email: **crc.thkd@tmclife.com**

Study Title		
Principal Investigator's Name		
THKD REC Ref. No. (if applicable)		☐ N/A
Protocol No. (if applicable)		☐ N/A
NMRR ID (if applicable)		☐ N/A
Sponsor Name (if applicable)		☐ N/A
THKD REC Initial Approval Date		
Actual Commencement of Research Date		
Scheduled Research Closure/End Date		
Total Number of Subjects Enrolled to Date		
Total Number of Subjects Withdrawn to Date ***(provide details in Table 1)***		
Total Number of Subjects Discontinued to Date ***(provide details in Table 2)***		
Total Number of Serious Adverse Event (SAE) reported to Date ***(provide details in Table 3)***		

Has any new information or new findings changed the risk versus benefit to subjects significantly since this research project was first approved by THKD REC?

☐ **Yes** ☐ **No**

If yes, please describe. Kindly attach supporting documents as applicable.

Table 1: List of Subjects Withdrawn from this Research to Date

No.	Subject ID	Date Subject Withdrew	Reason for Withdrawal
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Table 2: List of Subjects Discontinued from this Research to Date

No.	Subject ID	Date Subject Discontinued	Reason for Discontinuation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Table 3: List of SAEs reported to Date

No.	Subject ID	Brief Description of SAE (If diagnosis is not available, please state the signs and/or symptoms)	Date of SAE onset	Date Reported to THKD REC
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Declaration

The above-stated research project has been carried out according to the THKD REC-approved research protocol and the requirements have been met. All subjects enrolled have signed and received copies of the informed consent forms and written subject information (if applicable) approved by THKD REC for this project.

Principal Investigator:

_____
Name:
IC/Passport No:
Date:

FOR THKD CRC OFFICE USE ONLY	
Date Received	
Recipient's Signature	
Designation	
Remarks	