

**INDUSTRIAL RESEARCH AND CONSULTANCY CENTRE**

Office of the Dean R&D, IIT Bombay

**Format for submission of Continuing Review Report**

**1) IEC Project No.:**

**2) Project Title:**

**3) Principal Investigator:**

**4) Department:**

**5) Date of IEC approval:**

**6) Duration of the Study:**

**7) Version of Proposal and ICF used in the study:**

**8) Summary of participants in the study:**

- a. No. of participants approved by IEC .....
- b. No. of recruited participants .....
- c. No. of ongoing participant .....
- d. No. of Completed participants .....
- e. No. of participants who refused to consent .....

**9) Have any participants been withdrawn from this study?**

- No
- Yes (state the number and reasons for drop-outs of each participant, attach separate sheet if needed)

**10) Has any information appeared in the literature, or evolved from this or similar research that might affect the IEC/IEC's evaluation of the risk/benefit analysis of participants involved in this proposal?**

- No
- Yes (attach separate sheet if needed)

**11) Have any unexpected complications or Serious Adverse Events (SAEs) been noted since last review?**

- No
- Yes (attach separate sheet if needed)
- No. of patients who had SAEs-
- Whether reports of SAEs at have been submitted to the IEC-
- Whether reports of SAEs at other sites have been submitted to the IEC-
- Types of adverse events with nos. of participants
- Number of unexpected AE \_\_\_\_\_

Impaired participants

- None
- Physically
- Cognitively
- Both

**12) Have there been any amendments in proposal/ Informed Consent Document since the last review?**

- No
- Yes

**13) Were these proposal/ Informed Consent Document (ICD) amendments approved by IEC?**

- No
- Yes

If no, mention the amendments not approved

**13) Which proposal amendment/ ICD amendment is the site following at this date?**

**14) Have any participating investigators been added or withdrawn since last review?**

- No
- Yes (Identify all changes in the attached narrative)

**15) Is report of interim data analysis available?**

- No
- Yes (submit as an attachment)

**16) Is report of the data safety and monitoring board available?**

- No
- Yes (submit as an attachment)

**17) Have any investigators developed equity or consultative relationship with a source related to this proposal which might be considered a conflict of interest?**

- No
- Yes (Append a statement of disclosure)

**18) Any other comments:**

Signature of the Principal Investigator with Date:

Name of PI: