

REPUBLIC OF RWANDA/REPUBLIQUE DU RWANDA



NATIONAL ETHICS COMMITTEE / COMITE NATIONAL D'ETHIQUE

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Ministry of Health

P.O. Box. 84

Kigali, Rwanda.

FWA Assurance No. 00001973

IRB 00001497 of IORG0001100

PROGRESS REPORT FORM

1. Name of Principle Investigator:
2. Title of study:
3. Date of RNEC approval:
4. Briefly describe the purpose of the study, 2 or 3 sentences in non- technical language
5. Has the study started? Yes / No Starting Date of Study:
6. Number of local research sites recruited: Proposed: Actual:
7. Number of participants recruited into study: **Male** **Female** **Age range**
Proposed:
Actual:
8. Number of participants completing study: Actual:
9. Number of withdrawals: Actual:
Reasons for withdrawal
10. Have there been any difficulties in recruiting participants to the study? Yes / No
If yes, please give details
11. Have there been any adverse events? Yes/No

If yes, have these been notified to the committee? Yes / No
Please give details

12. Have there been any amendments to the study? Yes / No
If yes, have these been notified to the committee? Yes / No
Please give details

13. Has the study been completed? Yes / No Date of completion:
If no, what is the expected completion date?

If the study will not be completed, please give reason(s)

14. Results- please include details of outcomes and conclusions so far, attach a
Separate page if necessary

15. Have the findings been disseminated? Yes / No
If yes, how?

Please give details of any publications and send copies when available

16. Any complaints about the research?

Signature of Principal Investigator:.....

Print name:.....

Postal Address:.....

Tel. No.:.....

E-mail:.....

Date of submission:.....

For more information contact:

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