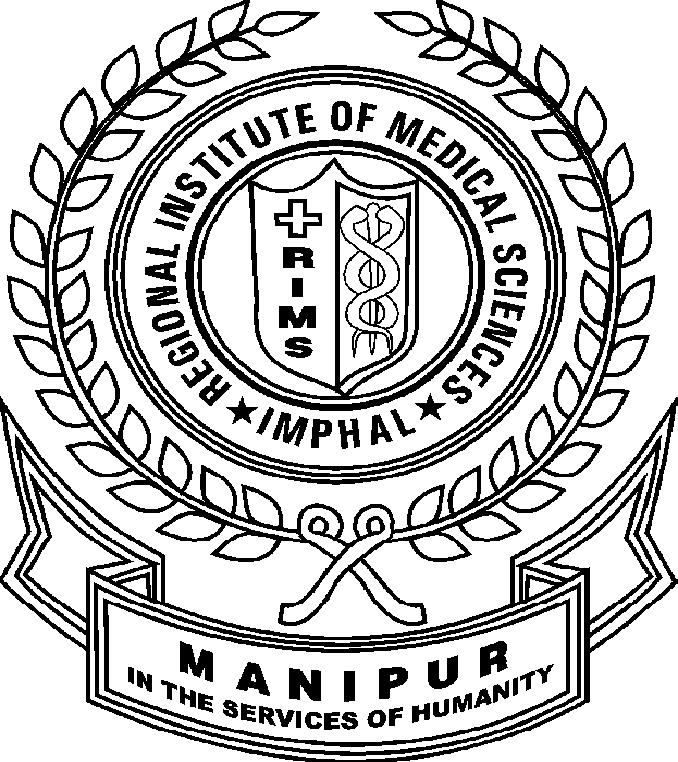
**Research Ethics Board, Regional Institute of Medical Sciences**



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| --- | --- |
| **Section A** | |
| Title of the project |  |
| Name of the Investigator/Supervisor |  |
| Name of Supervisor, if any |  |
| Department |  |
| Is the study registered with any organization? |  |
| If so, registration number?  If not registered, reasons |  |
| Date of initiation of the study |  |
| End (probable) date of the study |  |

|  |  |
| --- | --- |
| **Section B** | |
| Study design |  |
| Objectives of the study |  |
| How randomization (if any) is done? |  |
| Participants (write ‘not applicable’ wherever not relevant) | |
| How many participants have been recruited? |  |
| How many refused to participate? |  |
| How many didn’t consent? |  |
| How many have withdrawn consent? |  |
| How many are lost to follow up? |  |

|  |  |
| --- | --- |
| **Section C** | |
| Is there any serious adverse event? If so, describe |  |
| Is there any other adverse event/incident? If so, describe |  |
| Has/have the event(s) been reported to REB, RIMS? |  |

|  |  |
| --- | --- |
| **Section D** | |
| Is there any change/deviation from the original protocol? |  |
| If so, what and why? |  |

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| --- | --- |
| **Section E** | |
| Are there any other issues that need to be redressed by the REB, RIMS? |  |

Email :

Phone :

Date:

Signature of the Investigator/Supervisor

Place: