**ANNUAL PROGRESS REPORT FORM**

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| --- | --- | --- | --- |
| **EC Name** |  | | |
| **Address** |  | | |
| **Telephone** |  | | |
| **Website** |  | | |
| **Contact Person/Position/ E-mail** |  | | |
| **Chair/E-mail** |  | | |
| **Secretary/E-mail** |  | | |
| **Changes in Membership (if there are changes, identify the new members, if they are medical/scientific, non-medical/non-scientific, affiliated, non-affiliated, male, female, and the trainings provided)** |  | | |
| **Changes in Staff (if there are changes, identify the new staff and the trainings provided)** |  | | |
| **Changes in SOPs (if there are changes, identify the new SOPs with English titles)** |  | | |
| **Number of protocols reviewed through Full Board Review (this year)** |  | **Common types of protocols reviewed through Full Board review (*e.g.*, drug, medical device, investigator initiated, etc.)** |  |
| **Number of protocols reviewed through Expedited Review (this year)** |  | **Common types of protocols reviewed through Expedited Review** |  |
| **Number of protocols Exempted from Regular Review (this year)** |  | **Common types of protocols Exempted from Regular Review** |  |
| **Number of Full Board Meetings (this year)** |  | **Average number of Members who attend Full Board Meetings** |  |
| **Ethical challenges/issues encountered (this year)** |  | | |
| **Planned action to address challenges/issues encountered** |  | | |
| **Type of FERCAP assistance needed to address challenges/issues encountered** |  | | |

NOTE: Submit this **Annual Progress Report Form** together with the updated **Action Plan** in response to the most recent **Survey Report**.

Report submitted by:

Name: Position:

Signature: Date: