

	UP OPEN UNIVERSITY Institutional Research Ethics Committee		
	APPLICATION FOR CONTINUING REVIEW	REC Form No.	12 (A)
		Version No:	01
		Date of Effectivity:	

Instructions to the Researcher: Please accomplish this form and ensure that you have included in your submission the documents that you checked below (in Section 3. Checklist of Documents).

General Information			
*Title of Study			
Version Number/Date of the EC approved protocol			
*REC Code (To be provided by UPOU IREC)		*Study Site	
*Name of Researcher		Contact Information	*Tel No:
			*Mobile No:
*Co-researcher (if any)			Fax No:
			*Email
*Institution			
*Address of Institution			
Effective period of Ethical Clearance	From:	To:	
Progress Report			
1. Start of study	2. Expected End of Study		
3. Number of enrolled participants	4. Number of required participants		
5. Number of participants who withdrew			
6. Deviations from the approved protocol	7. New information (literature or in the conduct of the study) that may significantly change the risk-benefit ratio		



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8. Issues/problems encountered	
9. Justification for application for Continuing Review	