Please complete this form and submit to the Institutional Review Board before the due date.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ได้รับความเห็บชอบครั้งแรกวันที่ :**  \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ | | **ได้รับความเห็บชอบครั้งล่าสุดวันที่**  \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ | | | **ความถี่ของการรายงาน** :  □ ทุก 3 เดือน □ ทุก 6 เดือน  □ สิ้นสุดการวิจัย หรือไม่เกิน 1 ปี | | | |
| หมายเลขโครงการ. ……………………. | | | **วันครบกำหนด** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | | | | |
| ชื่อโครงการ (ไทย)  (English) | | | | | | | | |
| ผู้วิจัยหลัก: | | | | | | | | |
| 1 | Have the data collection begun? | | | Yes | |  |  | |
| No | |  | Go to 7 | |
| 2 | Have data been obtained directly from human participants? | | | Yes | |  | Go to 4 | |
| No | |  |  | |
| 3 | How many data have you been collected so far? ............. % | | | | | | |  |
| 4 | Total participants expected to be recruited **at the beginning** | | | | |  | |  |
| Number of participants recruited | | | | |  | |  |
| Number of participants expected to be recruited **from now** | | | | |  | |  |
| Total drop-out or loss follow-up | | | | |  | |  |
| Total participants still active or in contact | | | | |  | |  |
|  | Total participants completed | | | | |  | |  |
| 5 | Which procedures do active participants have to undertake? | | | | | | | |
| Questionnaire/interview | | | | |  |  | |
| Specimen/sample collection | | | | |  |  | |
| In vivo diagnostic devices | | | | |  |  | |
| Interventions: e.g. drug trial, surgical procedure, radiation, isotope,… | | | | |  |  | |
| Others (specify)…..…………………………………………………… | | | | |  |  | |
| 6 | Have there been any unexpected adverse events previously reported to REC? Please specify No. of SAE report………… | | | Yes | |  | กรุณาแนบรายงาน | |
| No | |  |  |  |
| 7 | Are there changes to the protocol or consent forms not previously reported to REC? | | | Yes | |  | กรุณาแนบรายงาน | |
| No | |  |  | |
| 8 | Explanatory Note: (if any) | | | | | | | |
| 9 | ผู้วิจัยร้องขอ (Request For) : | | | | | | | |
| ผู้วิจัยลงนาม …………………………………………………………… (…………………………………………..………………………….) วันที่……………………….………. | | | | | | | | |
| **(สำหรับคณะกรรมการฯ)**  **ความเห็นของคณะกรรมการฯ**  **ตามมติที่ประชุม ครั้งที่:** .......................................................................  □ รับทราบ  □ ข้อคิดเห็น/เสนอแนะอื่น ๆ ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ | | | | | | | | |
| ประธานฯ/เลขานุการฯลงนาม…………...........................................(…………….……………………………………………..…..) วันที่…..…..………........... | | | | | | | | |