

ANNEXURE 8

ANNUAL PROGRESS REPORT

The progress report must be submitted to the Research Sub-directorate electronically:

E-mail: <u>health.research@westerncape.gov.za</u>

Proposal Reference number			
Proposal Title			
If there have been any changes to the contact details of principal investigator, please update:			
Name & Surname:			
- Postal address			
- Telephone number			
- Fax number			
- Mobile number			
- Email address			
Please answer the following questions based on your assessment of the progress you are making with your project			
Is the project going to be or No (tick appropriate)	pe completed on the date originally s e)	et on proposal? Yes	
2) If it is delayed, what is the (dd/mm/yyyy)	he new completion date?		
3) Is additional approval r	necessary? Yes or No (tick app	oropriate)	
Are there problems whi completion of the proje appropriate)	ch the Health Services should be awa ect? Yes or	are of with regard to No (tick	

	If yes, explain:	
5)	Has there been any Ethics approval or renewal since Yes or No (tick appropriate) If yes, state date of Ethics renewal? dd/mm/yyyy:	e submitting this proposal?
	al considerations (summary of key issues as reported search Ethics Committee.)	
Prelim	inary findings (if applicable)	

Additional approval necessary (For office use only**):** (tick)

Yes or No