***Annual study status report***

Electronic form or hard copy (this form should be submitted annually for all clinical trial by the first author)

|  |  |
| --- | --- |
| **General information** | |
|  | **Title of research:** |
|  | **Name of the principal investigator:** |
|  | Department |
|  | email |
|  | **Mobile number** |

**أقر بانني قد قمت بمراجعه كل المعلومات المقدمه في هذا التقرير بدقه كما أقر بان المعلومات الوارده صحيحه ودقيقه**

**توقيع الباحث الرئيسي التاريخ**

**Status of current research** : 󠇪󠇪 Ongoing 󠇪󠇪Putoff 󠇪󠇪Completed 󠇪󠇪Published

**Number of patients in study proposal:**

**Number of patients who actually were included at the time of report**:

**Number of patients who were excluded:**

**The progress of trial** : 󠇪

󠇪data collection phase (add percentage……..)

󠇪󠇪 writing &preparing first draft phase (add percentage……..)

󠇪 submitted for Publication

󠇪Published (add percentage)

**Describe study objectives &preliminary results in three lines maximum**:

الرجاء تقديم ملخص عن الدراسه هدفها ونتائجها حتي تاريخه وربطها بالنتائج المتوقعه

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Mention amendments in proposal**: 󠇪󠇪 󠇪Amendments related to title of the protocol 󠇪

󠇪Amendments related to the investigational medicinal product changes in methods 󠇪Changes to non-clinical pharmacology and toxicology data where this is relevant to the ongoing trials (i.e.altered risk: benefit assessment󠇪)

󠇪Changes due to occurrence of risks to patients

**Mention the justification for these modifications……..**

**………………………………………………………………………………………………………………………………………………………………………………………………**

|  |  |
| --- | --- |
| **Date of consent for the first patient in the study** | **d/m/y** |
| **Date of consent for the last patient** | **d/m/y** |
| **Are there any unexpected risks to patients ?** | **󠇪Yes 󠇪󠇪No** |
| **Are there vulnerable patients in your study?**  **HIV patients**  **Children**  **Pregnant women**  **Prisoners**  **Fetus**  **IVF**  **Handicapped**  **Minorities**  **Abortus** | **󠇪Yes 󠇪󠇪No** |

**Upload informed consent of patients**

**Upload attachment**

**Challenges or obstacle during research work**:

…………………………………………………………………………………………………………………………………………………………………………………….

**…………………………………………………………………………………………….**