

Chhattisgarh Dental College & Research Institute, Rajnandgaon
Ethics committee
Ongoing Approved Research Review Submission Form

1. Reference number
2. Month / Year of approval
3. Number of ongoing review
4. Title of the research proposal
5. Name of the Principal Investigator (PI) with qualification and designation
6. Name of the Co-investigator(s) (Co-PI) with qualification and designation
7. Duration of the Project
8. Source of funding & financial allocation for the project / trial
9. Has subject recruitment begun?
10. If subject recruitment has not begun, give reasons and proceed to No:20
11. How many subjects have been screened?
12. How many subjects have been recruited?
13. How many more to be recruited
14. Is subject recruitment continuing?
15. Are there any 'drop outs'?
16. Are subjects still receiving active intervention?
17. Have there been any adverse events? If yes, give details
18. Have there been any Serious Adverse Events adverse events? If yes, give details.
19. Have there been any unanticipated study-related problems?
20. Is there any new risk or benefit information? If yes, give details.
21. Are there any interim changes to the protocol or consent form? If yes, give details.
including submission of revised protocol and consent form for approval
22. Does the scientific literature indicate changes in knowledge relevant to the conduct of the study?
23. List of attachments for review, if any
24. Remarks, if any
25. Signature of the Principal Investigator with date.

Note: The above information and enclosures should be furnished wherever necessary depending upon the nature of study proposal.