

ALFRED HOSPITAL ETHICS COMMITTEE

Final Report for Low Risk Projects

- All relevant sections of this report must be completed, otherwise the report will be considered invalid.
- Please email a copy of your report to **s 47F**
- If the responsible investigator emails the form, then an electronic copy is sufficient, otherwise email **and** post a hard copy signed by the responsible investigator to **s 47F**, Research & Ethics Unit, The Alfred, Commercial Road, Prahran, Vic, 3181.

A. PROJECT DETAILS (For Yes / No answers, please delete whichever not applicable)

1.	Alfred Ethics Committee (HREC) project number	
2.	Project title	
3.	Approval date	
4.	Responsible investigator/s and department/s	name: department: name: department:
5.	Names of other research personnel	
6.	Contact person	name: email: phone: mailing address:
7.	Were there any changes to research personnel?	Yes / No If Yes, please provide details:

B. SIGN-OFF

I confirm that the information within this report is accurate.

Date

Name of Responsible Investigator

Signature of Responsible Investigator

[Office use only: Alfred Ethics Office Acknowledgement]

Original to be sent to the Ethics Office
Duplicate to be kept by researchers

C. PROJECT PROGRESS

1.	Did you complete the project?	Yes / No If Yes, date of completion?: If No, was the project abandoned / not begun? Yes / No Please provide details is project not completed:
2.	What were the results/outcomes?	Please summarise the findings in Plain English (<i>no more than one page</i>):
3.	Did the project involve participants?	Yes / No If No, please go to Q 5. Total number of participants: Alfred Health participants: Was this the number required? Yes / No Was data collection completed for all participants? Yes / No If No, please provide numbers and reasons:
4.	Was consent obtained from all participants if required?	Yes / No / Not applicable If No, please provide reasons:
5.	Was the project conducted as planned in the application?	Yes / No Please provide details of any changes that occurred:
6.	Were there any problems or unexpected events encountered whilst conducting the project?	Yes / No If Yes, please describe what they were, what impact they had, how they were managed and what you would suggest be done differently:
7.	How has privacy and confidentiality of data (paper and electronic) been maintained?	Please describe:
8.	Details of any publications accepted or in press	
9.	Details of any presentations given or planned	
10.	Do you think there should be any changes in practices at this hospital as a result of this project?	Yes / No If Yes, please provide details: