

# INFECTIOUS DISEASES INSTITUTE

## Research Project Annual Review Report

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*When this form is filled out in Times New Roman 12-point font with normal margins it should be no more than 3 pages.*

**Project Title:**

**RCT Registration Number:**

*Please see [www.clinicaltrials.gov](http://www.clinicaltrials.gov) if you do not already have this number*

**IDI Research Number and Date of Approval:**

**Principal Investigators:**

**Brief Background**

*No more than 1 paragraph*

**Study Objectives**

*No more than 1 paragraph*

**Study Design**

*No more than 1 paragraph*

**Progress in Key Areas:**

- *Patient enrollment*
- *Follow-up with regard to lab procedures and analysis*
- *Adverse events (tabular form to include severity, relationship, outcome etc).*
- *Changes to Protocol*
- *Protocol violations (Note: If it becomes unethical to continue, this must be reported to the IRB)*

**Challenges Adhering to Original Protocol:**

**Timeline for Remaining Major Activities:**

*Please provide a paragraph on the specific activities that will occur during the next year of the study. Please also provide a general timeline for remaining activities including enrollment, follow up, lab testing, data analysis and dissemination. Please indicate whether you are continuing to adhere to the original proposed timeline.*

**Consent Form:** *Please supply current information sheet and consent form*