



**SCHIZOPHRENIA
RESEARCH
BANK**

**RESEARCHER ACCESS
ANNUAL PROGRESS REPORT FORM**

Reporting Period: _____ to _____

1. APPLICANT DETAILS

| |
|---|
| Chief investigator or project supervisor |
| Other investigator(s) |
| Administering department and institution |

2. RESEARCH PROJECT

| |
|-------------------------|
| Title of Project |
|-------------------------|

3. PROGRESS SUMMARY

| |
|---|
| Give a brief summary of your objectives and achievements for the reporting period noted above. |
|---|

4. SAMPLE INFORMATION

If you were provided with data/samples, please provide details including the data/sample ID numbers and the number of samples used in your study during the reporting period.

5. PARTICIPANT INFORMATION & DATA

If you were provided with access to ASRB volunteers, please provide details including ASRB ID number and details of any demographic or clinical data obtained from ASRB volunteers who have participated in your study during the reporting period.

Volunteer name / ID No.

Change of address or contact details (from those provide by the ASRB):

Clinical diagnosis:

IQ measures:

Neuropsychological functioning measures:

6. PUBLICATIONS, PRESENTATIONS & DEGREES

Please list the outcomes achieved from studies using the facilities of the ASRB during the reporting period noted above under the following headings.

Publications (please include authors, title, journal name, and status i.e. submitted, in press, published)

Presentations (please include authors, title, conference name, location and date presented)

Students (please include students name, degree type and status i.e. in progress, degree awarded).

Other

7. ANY VARIATIONS TO THE APPROVED PROTOCOL

Has your study varied from the approved protocol?

YES / NO

If YES, please elaborate below.

8. ANY PROBLEMS OR DIFFICULTIES ENCOUNTERED

| |
|---|
| <p>Were any problems or difficulties encountered during this study that the ASRB should be made aware of? YES / NO</p> <p>If yes, what were these?</p> |
|---|

9. RECRUITMENT STATUS

| |
|---|
| <p>If your study is recruiting volunteers from the ASRB, please indicate the status of your study:</p> <p><input type="checkbox"/> Ongoing recruitment</p> <p><input type="checkbox"/> Recruitment complete</p> <p><input type="checkbox"/> Not applicable (i.e. accessing samples/data only)</p> |
|---|

10. RESEARCH OUTCOMES

| |
|---|
| <p>Is your study complete in regards to research outcomes (i.e. publications, degrees, presentations etc)? YES / NO</p> <p>If no, please indicate which outcomes are still to be achieved?</p> |
|---|

Please attach current ethics approval form if study is ongoing.

SIGNATURE:

I certify that the above information is correct.

Chief Investigator: **Date:**.....