

## ARCHDIOCESE OF KIGALI RULI HIGHER INSTITUTE OF HEALTH (RHIH) SAINTE ROSE DE LIMA

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## PROGRESS REPORT FORM

I.B: This form is available in editable format by sending your request in the following e-mail address: rhihrerc@rhih.org  1. Name of Principle Investigator:	
2. Title of study:	
<ul><li>3. Date of RHIH RERC approval:</li><li>4. Briefly describe the purpose of the study, 2 or 3 sentences in non-technical language:</li></ul>	
5. Has the study started? 1. Yes//2. No // Starting Date of Study:	
8. Number of participants completing study:	
9. Number of withdrawals: Actual:	
Reasons for withdrawal:	
10. Have there been any difficulties in recruiting particip	ants to the study? 1. Yes// 2. No //
If yes, please give details:	
11. Have there been any adverse events? Yes/No	
If yes, have these been notified to the committee? 1. Yes	s// 2. No //
Please give details:	

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