**CLINICAL INNOVATION AND AUDIT COMMITTEE REPORT FORM**

**Submission Instructions:** For applications reviewed and approved by the **MQ Health CLINICAL INNOVATION AND AUDIT COMMITTEE**, please submit your completed report form to clinical.innovation@mqhealth.org.au

1. **Are you submitting a progress/ annual or final report?** *(select a tick box)*

[ ]  Progress/annual report

[ ]  Final report

1. **Clinical Innovation and Audit Committee (CIAC) Reference Number,** e.g. MQCIAC2018001

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1. **Title of the CIAC application**

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1. **Chief Investigator Details**

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| **Name & Title** |  |
| **Department & Faculty** |  |
| **Contact Number** |  |

1. **Confirm the period this report covers** *(NB. This must be for project activity already carried out i.e. it cannot be a future date)*

**FROM:** Click to enter a date. **TO:** Click to enter a date.

1. **Have you conducted the project as described in the approved CIAC application?** *(select a tick box)*

[ ]  Yes

[ ]  No

[ ]  Never started

**If you answered ‘No’ or “Never started’, describe any difficulties that have arisen.**

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1. **In less than 200 words, please describe the progress of the project to date (for annual reports) or outcomes (for final reports).** *What milestones has the project achieved e.g. completed recruitment, data analysis, publications).*

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| **1. Name of the student/Fellow/Doctor in training** **2. Name of the supervisor****3. Titles of the project****4. Project outcomes** |

1. **If you had students of Macquarie University’s Doctor of Physiotherapy (DPT), Medical Degree program, other program or any Clinical Fellows or Doctors in Training involved in your project, please provide details below (or attach a separate document) for each sub-project.**
2. **Have you complied with the standard conditions of the CIAC approval during the project?** *(The standard conditions of approval are listed on your approval letter, select a tick box)*

[ ]  Yes

[ ]  No

**If you answered ‘No’, explain what conditions have not been met and why.**

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1. **Describe the location, security, and maintenance of your project records now and in the future.**

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1. **If the project is over 12 months old, please indicate what is your aim going forward.**

[ ]  Procedure/innovation/audit to become part of a standard practice.

[ ]  To put the project on hold.

[ ]  Other (provide details below)

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1. **Declaration**

I confirm that this project has been conducted in a manner that complies with the *National Statement on Ethical Conduct in Human Research (2007) revised 2018*, all relevant legislation, codes, and Macquarie University guidelines.

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| **Chief Investigator Name** |  |
| **Chief Investigator Signature** |  |
| **Date** | Click to enter a date. |