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| C:\Users\Admin\Desktop\LOGO SEAL.png | C:\Users\Admin\Desktop\CIM CVGH.png | C:\Users\Admin\Desktop\cebu velez 07222011_20110721214530_10.JPG | **FINAL REPORT****FORM** |
| **I INSTITUTIONAL REVIEW BOARD****79 F. RAMOS ST., CEBU CITY****Tel. 253-7413 Fax. (63-32) 253-9127** |  | **FORM 4.3A** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IRB REFERENCE NO.** |  |  |  |  | **-** |  |  | **-** |  |  |
| **PRINCIPAL INVESTIGATOR (P.I.)** | **SPONSOR** | **DATE SUBMITTED** |
|  |  |  |
| **STUDY SITE:** | **P.I. CONTACT NO.** | **P.I. EMAILL ADDRESS** |
|  |  |  |
| **PROTOCOL NO. & TITLE** |
|  |
| **PRIMARY REVIEWER** | **PROTOCOL APPROVAL DATE** |
|  |  |
| **1. Study Arms:** |
| **2.Summary of Recruitment****\_\_\_\_\_\_Accrual ceiling set by IRB****\_\_\_\_\_\_ New participants accrued since last review****\_\_\_\_\_\_ Total number of participants accrued since protocol began** **\_\_\_\_\_\_ No. of participants who are lost to follow up****\_\_\_\_\_\_ No. of participants withdrawn from the study****\_\_\_\_\_\_ No. of participants who experienced SAEs/ SUSARs****\_\_\_\_\_\_ Number of participants who completed the study** |
| **3. Amendments to the original protocol (including dates of approval):** |
| **4. Summary of onsite SAEs reported:** |
| **5. Summary of participants’ complaints or grievances documented regarding conduct of study:** |
| **6. Summary of benefits to participants:** |
| **7. Summary of indemnifications of study related injury (If Applicable):** |
| **8. If terminated early, specify reason for termination:** |
| **9. Progress reports submitted (with dates of approval):** |
| **10. Duration of the study (months):** |
| **11. Informed consent form used (with version no./date) and attach most recent version:** |
| **12. Study objectives and summary of results:** |
| **Date of Last Review:** |
|  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Name and Signature of Primary Investigator** |