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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** | | | | | | |
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| **PROTOCOL NO. & TITLE** | | | | | | | | | | | | |
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| **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protocol began**  **\_\_\_\_\_\_ No. of participants who are lost to follow up**  **\_\_\_\_\_\_ No. of participants withdrawn from the study**  **\_\_\_\_\_\_ No. of participants who experienced SAEs/ SUSARs**  **\_\_\_\_\_\_ Number of participants who completed the study** | | | | |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** | | | | | | | | | | | | |