



Final Study Report Form

IERB No.	<input type="text"/>	Protocol No.	<input type="text"/>	Approval Date	<input type="text"/>
Protocol Title	<input type="text"/>				
Principal Investigator	<input type="text"/>				
Phone number:	<input type="text"/>	E-mail address :	<input type="text"/>		
Sponsor / CRO	<input type="text"/>				
Study site(s):	<input type="text"/>				
Total Number of study participants :	<input type="text"/>	No. of Study Arms	<input type="text"/>		
Number of participants randomized:	<input type="text"/>				
Study drugs/ materials:	<input type="text"/>				
Treatment form:	<input type="text"/>				
Study dose(s):	<input type="text"/>				
Duration of the study	<input type="text"/>				
Objectives:	<input type="text"/>				
Results: <i>(Use extra blank paper, if more space is required.)</i>	<input type="text"/>				
Signature of P.I.	<input type="text"/>				

To be filled up by IERB

Date received:		Received by:
		Signature over Printed Name

Recommendations <input type="checkbox"/> For Archiving <input type="checkbox"/> Request further information.	Type of review: <input type="checkbox"/> Expedited review <input type="checkbox"/> Full board review Date of meeting: _____
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IERB Final Decision:	
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Primary Reviewer :
 <i>Signature over Printed Name / Date</i>

Approved by : IERB Chair
 <i>Signature over Printed Name / Date</i>