



Final Report Form

INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR: *This form is required upon completion of the study or closure of study site. Obtain an electronic copy of this form and encode all information required in the space provided. Print the report then date and sign this form before submission.*

UPCHE REC CODE:		
Study Protocol Title:		
Principal Investigator(s)/Proponent(s):		
Effectivity Period of Ethical Clearance: From:		To:
Email:	Telephone:	Mobile:
Study Site(s): <Name and address>		
Sponsor/Funding Agency:		
Report Submission Date: (to be filled out by UPCHE REC)		
1. Study objectives and summary of findings:		
2. Duration of the study: Start:		End:
3. Number of enrolled participants:		
4. Number of required participants:		
5. Number of participants who withdrew:		
6. Summary of protocol deviations/violations/non-compliance from the approved protocol (include date reported to REC):		
7. Summary of amendments to the original protocol (include approval dates):		
8. Summary of SAE/RNE reported:		
9. Issues/problems encountered:		
10. Actions for dissemination of study results:		
Date of Last Review:		
Signature of PI/Proponent(s):		For students, name and signature of thesis adviser:
Date:		Date:
Received by:		

For UPCHE REC use only:

Type of Review:		
<input type="checkbox"/> Exempt from Review	<input type="checkbox"/> Expedited Review	<input type="checkbox"/> Full Review



Comments of Primary Reviewer (i.e. compliance with the terms of the approved protocol including post-approval review requirements, and overall assessment of risks against benefits in the conduct of study)

Recommendation(s)

Recommended Action

☐ Approval

☐ Request information (specify):

☐ Recommend further action (specify):

REVIEWER

(Scientist or Non-Scientist)

Date:

Signature

e

Name

Position