	Reference No.: BatStateU-FO-BERC-017	Effectivity Date:	Revision No.: 00

FINAL REPORT FORM

General Information			
Title of the Study			
Version number/date of EC approval protocol			
BERC Code (To be Provided by BERC)		Study Site	
Name of Researcher		Contact Information	Tel No:
			Mobile Number
			Fax No:
Co-Researcher (if any)			Email:
Institution			
Address of Institution			
Effective period of ethical clearance	From:	To:	

Final Report	
1. Start of study	2. End of study
3. Number of enrolled participants	4. Number of Required participants
5. Number of participants who withdrew	
6. Deviation from the approved protocol	7. Issues/ problem encountered
8. Summary of findings:	
9. Conclusion:	
10. Actions for dissemination of study results:	

Signature of Researcher:_____

Date:_____

Tracking No. _____

Tracking No. _____