		Northern Bukidnon State College **Research Ethics Committee**
REC Form No.	**F-10**	**FINAL REPORT FORM**
Version No.	**1**	
Date of Approval: December 09, 2025		
Effectivity Date: December 09, 2025		

1. GENERAL STUDY INFORMATION				
Title of the Study				
Version number/ date of the EC approved protocol				
REC Code *(to be provided by REC)*		Study Site		
Name of Researcher		Contact Information	Tel No:	
			Mobile No:	
Co- researchers (if any)			Email:	
Institution				
Address of the 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. Deviations from approved protocol				
7. Issues/ problems encountered:				
8. Summary of findings:				
9. Conclusions:				
10. Actions for dissemination of study results:				

Signature of Researcher:
_____ Date:
_____