	MARIANO MARCOS STATE UNIVERSITY **University Research Ethics Review Board**	Document Code	URERB-FRM-29
	FINAL/TERMINAL REPORT FORM	Revision No.	0
		Effectivity Date	February 11, 2026

General Information			
*Title of the Study			
*URERB Code (To be provided by URERB)		*Study site	
*Name of the Researcher		Contact Information	*Tel No:
			*Mobile No:
*Co-researcher/s (if any)			Fax No:
			*Email:
*Institution			
*Address of Institution			
Ethical Clearance effectivity period	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 the approved protocol		7. Issues/Problems encountered	
8. Summary of Findings			
9. Conclusions:			
10. Actions for dissemination of study results:			

Signature of Researcher: _____

_____

Date: _____