End of Project Report Form

Details	*Please fill in space provided below*
Name of Principal Investigator:	
Name of Co-Investigator(s):	
Date of Commencement: **Date of Completion:**	
Discontinued Date: **(if the project has been stopped, please provide details in Section 5 of this form).**	
UiTM CARE approval number:	

	Details of study	***Please fill in space provided below***
1.	Full title of study	
2.	Summary of research findings	
3.	Project procedures details (if there was modification to the approval granted)	
4.	Project location (other than stated in the approval that was granted)	
5.	Problems/Constraints (if any)	

I certify that the study entitled above is completed/discontinued* and that the above statements are true and correct to the best of my knowledge.
*Please select one

Name of Principal investigator Signature/Date