ETHICS REVIEW BOARD
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CSSP-ERB RVW Form 13

CSSP-ERB Final Report Form

CSSP-ERB Code:	
Study Title:	
Principal Investigator:	
Submission Date:	

INITIAL APPROVAL DATE: <dd/mm/yyyy>		
DATE OF LAST CONTINUING REVIEW APPROVAL: <dd/mm/yyyy>		
Version and date of latest approved protocol:		
Version and date of latest approved Informed Consent Form:		
Email:	**Telephone:**	**Mobile:**
STUDY SITE: <Name and address>		
STUDY SITE ADDRESS:		
SPONSOR:		
SPONSOR CONTACT PERSON:		
Email:	**Telephone:**	**Mobile:**
FINAL REPORT:		
1. **When did the study start? <dd/mm/yyyy>**		
2. **When did the study end? <dd/mm/yyyy>**		
3. **When was the data collection period? <dd/mm/yyyy> to <dd/mm/yyyy>**		
4. **How many participants were approved to be enrolled by the CSSP-ERB?**		
5. **How many participants withdrew from the study?**		
6. **How many participants were there at the end of the study?**		
7. **What were the deviations from the approved study protocol?**		
8. **What were the issues/problems encountered?**		
9. **What were the participants' complaints or grievances documented regarding the conduct of the study?**		
10. **What were the documented benefits?**		
11. **What were the indemnifications, and compensations (if applicable)?**		
12. **What were the study objectives and results?**		
13. **When was the *Continuing Review Application* submitted with the corresponding panel action (if applicable)?**		
14. **Report on outcome of data protection plan (e.g reports of a breach of privacy, and storage of identifiable information):**		
DATE OF LAST REVIEW: <dd/mm/yyyy>		
SIGNATURE OF PI:		
FOR STUDENTS, VERIFIED BY: <Name and Signature of Research Supervisor>		

RECOMMENDED ACTION:

Note: If **for modification/amendment**, indicate if minor or major modification/amendment by putting a check next to the appropriate choice. Also, highlight the justification for the recommended action from the choices provided.

___ APPROVE

___ PROVISIONAL APPROVAL

Specify:

_____

___ FOR MODIFICATION/AMENDMENT

___ Minor Modification/Amendment

Justification:

___ Incomplete Documentation

___ Incomplete ICF/PIS Elements

___ Unsatisfactory IC Format

___ Others:

_____

___ Major Modification/Amendment

Justification:

___ Change of Study Objectives

___ Change in the Recruitment Process

___ Revision of exclusion/inclusion Criteria

___ Change of Data Collection Method

___ Change in the process of mitigation of risk/harm to participants and the integrity of the research

___ Others:

_____

ADDITIONAL REMARKS:

PRIMARY REVIEWER Signature _____

Date: <dd/mm/yyyy>	Name	<Title, Name, Surname>
	Panel	<Name of Panel>