|  |
| --- |
| **THE MEDICAL CITY** |
| Ortigas Avenue, Pasig City, Philippines |
|  |
| **INSTITUTIONAL REVIEW BOARD** |
|  |
| **RESEARCH COMPLETION REPORT FORM** |
|  |
|  |
|  |
| **PROTOCOL INFORMATION** |
|  |
| Protocol Title: | Protocol Title |
| IRB Registry No.: | IRB Registry Number | Protocol No.: | Protocol Number |
| Principal Investigator: | Principal Investigator | Field of Study: | Field of Study |
| Date Submitted: | Enter Date | Sponsor: | Sponsor |
|  |  |  |  |
|  |
| **RESEARCH COMPLETION** |
|  |
| 1. **Summary of Research Statistics (Clinical Research):**
 |
| * 1. Total number of participants to be enrolled according to the approved protocol:
 | Add Text |  |
| * 1. Total number of participants actually enrolled:
 | Add Text |  |
| * 1. Total number of participants completing the study:
 | Add Text |  |
| * 1. Total number of withdrawals from the study:
 | Add Text |  |
| * 1. Total number of adverse events (AEs) reported:
 | Add Text |  |
| * 1. Total number of AEs associated with the intervention (if applicable):
 | Add Text |  |
| * 1. Total number of serious adverse events (SAEs) reported:
 | Add Text |  |
| * 1. Total number of SAEs associated with the intervention (if applicable):
 | Add Text |  |
|  |
| 1. **Summary of Research Statistics (Non-Clinical Research):**
 |
| * 1. Total number of charts/FGDs/interviews proposed according to the approved protocol:
 | Add Text |  |
| * 1. Total number of charts/FGDs/interviews completed:
 | Add Text |  |
|  |
|  |
| **DISSEMINATION OF RESULTS** |
|  |
| 1. **Please present a brief statement of the findings from this study to date.**
 |
| Click to enter text |
|  |
| 1. **Please explain in brief your publication plans.**
 |
| Click to enter text |
|  |
| 1. **How do you propose to inform study participants of the results of your study or the results of the study procedure conducted on them (if applicable)?**
 |
| Click to enter text |
|  |
|  |
| **DATA RETENTION AND MANAGEMENT** |
|  |
| 1. **Where will you store the data you collected?**
 |
| Click to enter text |
|  |
| 1. **How long will these be stored?**
 |
| Click to enter text |
|  |
| 1. **Who will be responsible for them while in storage?**
 |
| Click to enter text |
|  |
| 1. **Who will have access to them?**
 |
| Click to enter text |
|  |
| 1. **How long will you keep the identifier codes linking biological samples the source of the samples?**
 |
| Click to enter text |
|  |
| 1. **Who will be responsible for keeping this information?**
 |
| Click to enter text |
|  |
| 1. **Who will have access to this information?**
 |
| Click to enter text |
|  |
|  |
| **REPORTS** |
|  |
| Please submit any of the following documents: |
| * Completion Report to Sponsor
* Copy of Report of Research Findings and Results
 |
|  |
|  |
|  |
|  |  | Name of Principal Investigator |  |  |
|  |  | Signature Over Printed Name / Date and Time |  |  |
| **PRINCIPAL INVESTIGATOR** |
|  |
|  |
|  |
| **DO NOT FILL OUT THIS SECTION** |
|  |
|  |
| **DECISION:** |
| [x]  Approved |
| [x]  Minor Revision Required |
| [x]  Major Revision Required |
| [x]  Pending (if clarification is required before a decision can be made) |
| [x]  Approval not Granted |
|  |
|  |
|  |
|  |  |  |  |  |
|  | Signature Over Printed Name / Date and Time |  | Signature Over Printed Name / Date and Time |  |
|  | **PRIMARY REVIEWER** |  | **CHAIR, INSTITUTIONAL REVIEW BOARD** |  |