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| **THE MEDICAL CITY** | | | | | | | | | | | | | |
| Ortigas Avenue, Pasig City, Philippines | | | | | | | | | | | | | |
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| **INSTITUTIONAL REVIEW BOARD** | | | | | | | | | | | | | |
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| **RESEARCH COMPLETION REPORT FORM** | | | | | | | | | | | | | |
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| **PROTOCOL INFORMATION** | | | | | | | | | | | | | |
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| 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 | | | | | |
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| **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 | | |  |
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| **DISSEMINATION OF RESULTS** | | | | | | | | | | | | | |
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| 1. **Please present a brief statement of the findings from this study to date.** | | | | | | | | | | | | | |
| Click to enter text | | | | | | | | | | | | | |
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| 1. **Please explain in brief your publication plans.** | | | | | | | | | | | | | |
| Click to enter text | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | |
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| **DATA RETENTION AND MANAGEMENT** | | | | | | | | | | | | | |
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| 1. **Where will you store the data you collected?** | | | | | | | | | | | | | |
| Click to enter text | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | |
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| 1. **How long will you keep the identifier codes linking biological samples the source of the samples?** | | | | | | | | | | | | | |
| Click to enter text | | | | | | | | | | | | | |
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| 1. **Who will be responsible for keeping this information?** | | | | | | | | | | | | | |
| Click to enter text | | | | | | | | | | | | | |
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| 1. **Who will have access to this information?** | | | | | | | | | | | | | |
| Click to enter text | | | | | | | | | | | | | |
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| **REPORTS** | | | | | | | | | | | | | |
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| Please submit any of the following documents: | | | | | | | | | | | | | |
| * Completion Report to Sponsor * Copy of Report of Research Findings and Results | | | | | | | | | | | | | |
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|  | |  | | Name of Principal Investigator | | | | |  | |  | | |
|  | |  | | Signature Over Printed Name / Date and Time | | | | |  | |  | | |
| **PRINCIPAL INVESTIGATOR** | | | | | | | | | | | | | |
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| **DO NOT FILL OUT THIS SECTION** | | | | | | | | | | | | | |
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| **DECISION:** | | | | | | | | | | | | | |
| Approved | | | | | | | | | | | | | |
| Minor Revision Required | | | | | | | | | | | | | |
| Major Revision Required | | | | | | | | | | | | | |
| Pending (if clarification is required before a decision can be made) | | | | | | | | | | | | | |
| Approval not Granted | | | | | | | | | | | | | |
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|  | Signature Over Printed Name / Date and Time | | | |  | | Signature Over Printed Name / Date and Time | | | | |  | |
|  | **PRIMARY REVIEWER** | | | |  | | **CHAIR, INSTITUTIONAL REVIEW BOARD** | | | | |  | |