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| |  | | --- | | *p* **UNIVERSITY OF SANTO TOMAS HOSPITAL** RESEARCH ETHICS COMMITTEE 6th Floor St. John Macias O.P. Building  A.H. Lacson St., Sampaloc, Manila 1015 Philippines  Telephone: +63 2 8731-3001 local 2610  Email: *usth\_irb@yahoo.com.ph*  **UNIVERSITY OF SANTO TOMAS HOSPITAL** España Blvd., Manila logo copy |   **FINAL REPORT FORM** | |
|  | |
| **Instructions to the Researcher:**  Accomplish this form properly and put additional rows if necessary. | **Receiving Stamp/**  **Date of Submission:** |
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| **REC Protocol Reference No.:** | | |  | | | | |
| **Protocol No./Title:** | |  | | | | | |
| **Name of Investigator:** | |  | | | | | |
| **Contact No.:** |  | | | **Email**  **address:** | |  | |
| **Department:** |  | | | **Institution:** | |  | |
| **Sponsor:** | |  | | | | | |
| **Ethical clearance effectivity period:** | | | | | **Study Site:** | | |
| **Final Report Form:** | | | | | | | |
| 1. Start of study: | | | | | | | |
| 1. End of study: | | | | | | | |
| 1. Number of required participants: | | | | | | | |
| 1. Number of enrolled participants: | | | | | | | |
| 1. Number of participants who withdrew: | | | | | | | |
| 1. Deviations from the approved protocol: | | | | | | | |
| 1. Issues/problems encountered | | | | | | | |
| 1. Results: | | | | | | | |
| 1. Conclusions: | | | | | | | |
| 1. Actions for dissemination of study results: | | | | | | | |
| **Principal Investigator:** | | Name & Signature: | | | | | Date: |
| **To be filled-out by the REC Primary Reviewer** | | | | | | | |
| **Recommendations:** | | | | | | | |
| **REC Reviewer:** | | Name & Signature: | | | | | Review Date: |