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| *p***UNIVERSITY OF SANTO TOMAS HOSPITAL**RESEARCH ETHICS COMMITTEE6th Floor St. John Macias O.P. BuildingA.H. Lacson St., Sampaloc, Manila 1015 PhilippinesTelephone: +63 2 8731-3001 local 2610Email: *usth\_irb@yahoo.com.ph***UNIVERSITY OF SANTO TOMAS HOSPITAL**España Blvd., Manilalogo copy |

**FINAL REPORT FORM** |
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| **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:

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| 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:   |