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| logo copy*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*Website*: usthrec.online***UNIVERSITY OF SANTO TOMAS HOSPITAL**España Blvd., Manila |

**FINAL REPORT FORM** |
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| **Instructions to the Researcher:** Please complete this form accurately and add additional rows if necessary. Submit it along with a cover letter addressed to the REC Head. Attach the Final Report Protocol, and permission letters secured during the conduct of the study. Submit this F18 form as a Word document and other documents as PDF files via **usthrec.online** | **Receiving Stamp/****Date of Submission:****CLICK TO ENTER TEXT.** |
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| **REC Protocol Reference No.:** | **CLICK TO ENTER TEXT.** |
| **Protocol No./Title:** | Click to enter text. |
| **Name of Investigator:** | Click to enter text. |
| **Department:** | Click to enter text. | **Section:** | Click to enter text. |
| **Sponsor:** | Click to enter text. | **CRO:** | Click to enter text. |
| **Duration of study: (months):** Click to enter text. | **Study Site:** Click to enter text. |
| **Final Report Form:** |
| 1. Date of Initial REC Approval:
 | Click to enter text. |
| 1. Start of study:
 | Click to enter text. |
| 1. End of study:
 | Click to enter text. |
| 1. Number of required participants:
 | Click to enter text. |
| 1. Number of enrolled participants:
 | Click to enter text. |
| 1. Number of randomized participants:
 | Click to enter text. |
| 1. Number of participants who completed the study:
 | Click to enter text. |
| 1. Number of participants withdrawn from the study:
 | Click to enter text. |
| 1. Number of participants who are lost to follow up:
 | Click to enter text. |
| 1. Number of participants who experienced SAEs/SUSARs:
 | Click to enter text. |
| 1. Amendments to the original protocol (including dates of approval)

**Click to enter text.** |
| 1. Deviations from the approved protocol:

**Click to enter text.** |
| 1. Summary of onsite Adverse Events (AE/SAEs) reported:

**Click to enter text.** |
| 1. Study objectives:

**Click to enter text.** |
| 1. Summary of Results:

**Click to enter text.** |
| 1. Conclusions:

**Click to enter text.** |
| 1. Actions for dissemination of study results:

**Click to enter text.** |
| **PRINCIPAL INVESTIGATOR:** | Name & Signature:**CLICK TO ENTER TEXT.** | Date:   |
| **To be filled-out by the REC Primary Reviewer** |
| **Additional comments:**  |
| **RECOMMENDATION:** |[ ]  **APPROVAL** |
|  |[ ]  **REQUEST INFORMATION:** (specify) |
|  |[ ]  **RECOMMEND FURTHER ACTION:** (specify) |
| **REC REVIEWER:** | Name & Signature:**CLICK TO ENTER TEXT.** | Review Date:   |