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| |  | | --- | | logo copy*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*](mailto:usth_irb@yahoo.com.ph)Website*: usthrec.online*  **UNIVERSITY OF SANTO TOMAS HOSPITAL** España Blvd., Manila |   **FINAL REPORT FORM** | |
|  | |
| **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 Number of participants withdrawn from the study: | | | | | | | | | | Click to enter text.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: |