

ERC FORM 4C: Final Report



UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.
Aurora Boulevard, Quezon City



Research Institute for Health Sciences

ETHICS REVIEW COMMITTEE

FINAL REPORT FORM

INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR: *This form is required upon completion of the study or closure of study site. Obtain an electronic copy of this form and encode all information required in the space provided. Print the report in A4 size paper; then date and sign this form before submission.*

RIHS ERC CODE:		
STUDY PROTOCOL TITLE:		
PRINCIPAL INVESTIGATOR:		
STUDY PROTOCOL APPROVAL DATE:		
Email:	Telephone:	Mobile:
STUDY SITE:		
STUDY SITE ADDRESS:		
REPORT SUBMISSION DATE:		
<i>(Items below to be filled out by the Principal Investigator):</i>		
1. Study Arms:		
2. Number of study participants in the beginning of the study:		
3. Number of participants at the end of the study:		
4. Number of participants who received the test articles:		
5. Summary of amendments to the original protocol (including dates of approval):		
6. Summary of SAE reported:		
7. Summary of anticipated risks (other than SAEs) documented in the conduct of study:		
8. Summary of SUSAR reported:		
9. Summary of unanticipated risks (others than SUSAR) documented in the conduct of study:		
10. Summary of participants' complaints or grievances documented regarding conduct of study:		
11. Summary of benefits documented:		

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12. Summary of indemnifications (If Applicable):
13. If terminated early, specify reason for termination:
14. <i>Continuing Review Application Submission</i> dates with corresponding RIHS ERC action:
15. Summary of study materials used (for non-clinical research):
16. List of treatments or interventions:
17. Study dose(s):
18. Duration of the study:
19. Study objectives and summary of results:
20. List of informed consent form used (version/date) and attach most recent version:
DATE OF LAST REVIEW:
SIGNATURE OF PI:
DATE SUBMITTED:
RECEIVED BY:

RECOMMENDATIONS (for RIHS ERC use only)

<p>Comments of Primary Reviewer (i.e. compliance with the terms of the approved protocol including post-approval review requirements, and overall assessment of risks against benefits in the conduct of study)</p>	
<p>Recommended Action</p> <p><input type="checkbox"/> FOR CLOSURE OF FILE AND ARCHIVING</p> <p><input type="checkbox"/> REQUEST INFORMATION: (<i>specify</i>)</p>	
PRIMARY REVIEWER	Signature _____
Date:	Name _____
RIHS ERC SECRETARY	Signature _____
Date:	Name _____
RIHS ERC CHAIR	Signature _____
Date:	Name _____