



INSTITUTIONAL ETHICS AND REVIEW BOARD
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<h1 style="margin: 0;">Final Report Form</h1>	PSH-IERB Form 4L
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PSH-IERB Code:		Date Submitted:	
Protocol Number/Study Title:			
Sponsor:		Sponsor's Local Address:	
Principal Investigator:	Sub-Investigator:	Study Coordinator:	
Email address:		Contact No.:	

Please fill out the needed information below:

Date of Initial Approval:	Date of Last Approval:
Number of Study Arms:	
Target PSH Sample Size:	
Total # of screened patients:	
Total # of screen failures:	
Total # of patients successfully enrolled:	
# of patients who have withdrawn from the study: (state reason for withdrawal)	
# of patients at end of the study:	
Summary of Amendments	
Summary of SAE's reported	
Summary of reported SUSARs	
Summary of Protocol Deviations	
Summary of Findings/Conclusions:	
Submitted by:	

For IERB Members: Please comment and indicate decision.

Did the conduct of the study comply with the approved protocol?

Did the conclusions address the study objectives?

Approved

Modification required: _____

Reviewer's signature over printed name

Date reviewed: _____