

UNIVERSITY OF PERPETUAL HELP SYSTEM -DALTA UNIVERSITY OF PERPETUAL HELP SYSTEM- JONELTA INSTITUTIONAL ETHICS REVIEW BOARD

Alabang Zapote Road, Las Piñas City, Tel. No. (632) 874-8515 local 631





Form 3.3 (A) 2018 Final Report Form

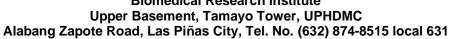
IERB CODE:			
STUDY PROTOCOL TITLE:			
PRINCIPAL INVESTIGATOR:			
STUDY PROTOCOL APPRO	OVAL DATE:		
Email:	Telephone:	Mobile:	
STUDY SITE:			
STUDY SITE ADDRESS:			
SPONSOR:			
SPONSOR CONTACT PERS	ON:		
Email:	Telephone:	Mobile:	
REPORT SUBMISSION DATE: (to be filled out by IERB)			
1. Study Arms:			
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:			
12. Summary of indemnifications (If Applicable):			
13. If terminated early, specify reason for termination:			
14. Continuing Review Application Submission dates with corresponding panel action:			
15. Summary of study materials used (for non-clinical research):			
16. List of treatments or interve	ntions:		
17. Study dose(s):			
18. Duration of the study:			
19. Study objectives and summa	ary of results:		
20. List of informed consent form used (version/date) and attach most recent version:			
DATE OF LAST REVIEW: <	,		
SIGNATURE OF PI:			



Date: <dd/mm/yyyy>

UNIVERSITY OF PERPETUAL HELP SYSTEM -DALTA UNIVERSITY OF PERPETUAL HELP SYSTEM- JONELTA **INSTITUTIONAL ETHICS REVIEW BOARD**





DATE SUBMITTED: <dd mm<="" th=""><th>n/yyyy></th></dd>	n/yyyy>
RECEIVED BY:	
RECOMMENDATIONS (fo	r IERB use only)
	,,
COMMENTS OF PRIMARY R	EVIEWER (i.e. compliance with the terms of the approved
protocol including post-approve	al review requirements, and overall assessment of risks
against benefits in the conduct of	of study)
RECOMMENDED ACTION:	
☐ NO FURTHER ACTION	
	NFORMATION/CLARIFICATION
1 ENDING FORTHER II	VI ORIVITATION/CLARIFICATION
PRIMARY REVIEWER	Signature

<Title, Name, Surname>

Name