



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



Biomedical Research Institute
Upper Basement, Tamayo Tower, UPHDMC
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 APPROVAL DATE:		
Email:	Telephone:	Mobile:
STUDY SITE:		
STUDY SITE ADDRESS:		
SPONSOR:		
SPONSOR CONTACT PERSON:		
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. <i>Continuing Review Application Submission</i> dates with corresponding panel 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: <dd/mm/yyyy>		
SIGNATURE OF PI:		



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



Biomedical Research Institute
Upper Basement, Tamayo Tower, UPHDMC
Alabang Zapote Road, Las Piñas City, Tel. No. (632) 874-8515 local 631

DATE SUBMITTED: <dd/mm/yyyy>
RECEIVED BY:

RECOMMENDATIONS (for IERB 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"/> NO FURTHER ACTION</p> <p><input type="checkbox"/> PENDING FURTHER INFORMATION/CLARIFICATION</p>	
<p>PRIMARY REVIEWER</p>	<p>Signature _____</p>
<p>Date: <dd/mm/yyyy></p>	<p>Name <Title, Name, Surname></p>