



**INSTITUTIONAL ETHICS AND REVIEW BOARD**  
**12<sup>th</sup> Floor, Our Mother of Perpetual Succour Medical Specialty Center**  
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# Final Report Form

**PSH-IERB  
Form 4L**

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# of patients who have withdrawn from the study: (state reason for withdrawal)	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:	
Submitted by:	

<b>For IERB Members:</b> <b>Please indicate decision and state the reason and action required to continue the study.</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required: _____  _____ Reviewer's signature over printed name Date reviewed: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required: _____  _____ Reviewer's signature over printed name Date reviewed: _____
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