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|  | **HOLY ANGEL UNIVERSITY**  **Institutional Review Board**  4th floor, San Francisco de Javier Building  1 Holy Angel Avenue, Santo Rosario, Angeles City 2009  *Telephone*: +63 45 8888691 local 1540 ; *Email*: irb@hau.edu.ph |

###### **FINAL REPORT FORM**

All research that is completed must submit a final report form to IRB Office. Complete all questions, or indicate by ‘N/A’ if the question is not applicable.

**A. Protocol Information**

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| IRB Protocol No.: | | |
| PI Name and Dept.: | | |
| PI Email and Phone: | | |
| Project Title: | | |
| Project Manager, Email and Phone (if applicable): | | |
| Initial Approval Date: | Last Annual Review Date: | Today's Date: |

**B. Funding Source**

( ) No Funding.

( ) Funding Agency:

( ) Other, describe:

( ) Funding completed, date:

**C. Study Status (check all that apply)**

( ) Study is completed and all data retained has no identifiers.

( ) Study was never initiated.

( ) Data collection is complete and identifiers removed but data analysis is ongoing.

*Note*: Protocol cannot be closed if data still retains identifiers.

( ) Other:

**D. Study Information**

1. Results (Provide a brief description of the study findings)

2. Have you conducted your project as originally approved by the IRB?

( )Yes ( )No ( ) N/A

If no, explain:

3. Have any subjects complained or raised any questions about the desirability of the procedures, or seemed reluctant to participate?

( )Yes ( )No ( )N/A

If yes or N/A, explain:

4**.** Were any manuscripts, publications, or conference presentations related to this study completed?

( )Yes ( ) NoIf yes,List here:

**E. Participant Numbers** (Answer every question. Enter N/A for questions that are not applicable.)

1. Number of participants proposed and approved by the IRB:

2. Number of participants screened:

3. Number of participants enrolled (consented to participate):

4. Number of participants who voluntarily withdrew:

5. Number of participants excluded by PI:

a. Reasons for exclusion:

**F. Subject Safety** (check at all that apply)

( ) Not applicable – there is nothing to report.

( ) Describe any problems encountered or undesirable effects that involved risk or harm to participants:

( ) An incident report was filed. If so, explain what occurred and steps taken:

( ) Describe any unexpected benefits to participants:

( ) Are you aware of new information, from other sources, that affect risks/benefits from participating in this study?

( ) **Yes or** ( )**No**

If **yes**, provide the following:

1. Attach copies of any literature that provide new information on this study's risk/benefit ratio.

2.Summarize how this new information or experience impacts the risk/benefit ratio for this study:

3. Summarize any modifications proposed to the approved research based on these new results (an amendment form should also be submitted separately):

**G. Study Materials**

Informed Consent (Check all that apply)

Copies of signed Informed Consent Forms of all subjects participating in the research are on file and will be available to the IRB upon request. Check one: ( )Yes ( ) No ( ) A waiver was approved by the IRB

**H. PI Assurance:**

( ) I understand that any research data kept on file for this project must have all subject identifiers removed.

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| --- | --- |
| Name: | Date: |
| PI Signature:  **OR** ( ) Check here if submitted electronically from your (the PI’s) email account. | |

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| **Comments and Recommendations of Reviewer:** |
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| **RECOMMENDATION**   * APPROVED * RESUBMISSION WITH CORRECTIONS |

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| **REVIEWER** |  | Signature |  |
| Date: |  | Name |  |
| **CHAIR** |  | Signature |  |
| Date: |  | Name |  |