

PALAWA STATE UNIVERSITY

**U N IVER SIT Y R E SE AR C H ET H ICS R EVIE W C OM M IT T EE**

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US DOHHS-OHRP Registration No.: IRB00014070

PHREB Accreditation No.: L1-2023-058-01

**Final Report Form**

**INSTRUCTIONS TO THE PI/LR:** Submit this form together with the final manuscript or final report of the study. Write NA for items not applicable.

**PROTOCOL GENERAL INFORMATION**

|  |  |
| --- | --- |
| **PSURERC Code** |  |
| **Protocol Title** |  |
| **Principal Investigator/Lead Researcher** |  |
| **Type of Initial Review** |  |
| **Protocol Approval Date/s** *(indicate dates of continuing review and/or protocol amendment dates, if applicable***)** |  |
| **Actual Start Date** *(stated in the approved protocol; start of study includes the start of all data collection-related activities post-approval, e.g., communication with recruitment party, invitation, etc.)* |  |
| **Actual Completion Date** *(if different from the approved target date, provide an explanation)* |  |
| **Study Site** |  |

**REPORT ON STUDY PARTICIPANTS**

|  |  |
| --- | --- |
| **Target Number of Participants** |  |
| **Number of Participants Invited** |  |
| **Number of Participants Enrolled** |  |
| **Number of Participants Withdrawn** *(include reasons for withdrawal)* |  |
| **Number of Participants Who Completed** |  |

**FINAL REPORT DETAILS**

| **Provide a description and details. Indicate NA if not applicable.** | |
| --- | --- |
| **Approved amendments since the last review/report** |  |
| **Deviations from the approved protocol since the last review/report** |  |
| **Reportable negative events since the last review/report** |  |
| **Adverse events or reactions since the last review/report** |  |
| **Complaints** |  |
| **Other issues and problems encountered (Aside from RNEs and AER)** |  |
| **Benefits accrued** |  |
| **Risks exposures** |  |
| **If terminated early, explain the reasons.** |  |
| **Summary or abstract of the result/findings** |  |
| **Actions taken for the dissemination of study results.** |  |

**DECLARATION**

[ ] I confirm that the study and its investigators and research personnel continue to abide by the ethics

standards and guidelines of the National Ethical Guidelines 2022.

[ ] I confirm that, if necessary, I will submit the relevant, requisite forms and reports (e.g., Protocol

Amendment Form, Continuing Ethics Review Application, Unanticipated Problems Report, etc.) to

PSURERC to update on the status of the study.

**Principal Investigator/Lead Researcher: <Name and Signature>**

**Date of Report Submission: <Date>**

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*To be filled out by PSURERC Primary Reviewer*

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| --- | --- |
| **RECOMMENDATIONS:** | [ ] Approve  [ ] Request additional information  [ ] Request further action  [ ] Pending, if major clarifications are needed before a decision can be  made  [ ] Withdraw Approval |
| **Primary Reviewer** | *<Name and Signature>* |
| **Date of Recommendation** | *<Date>* |