Singapore Sport Institute Institutional Review Board Secretariat Sport Singapore 3 Stadium Drive, Singapore 397630 sport\_ssi\_research@sport.gov.sg



Principal Investigator:		
(Office)	(Mobile)	
	(Email)	
[IRB Reference	ce Number: Title of Research Proje	ect/Activity]
<u>Part</u>	icipant Withdrawal / Dismissal For	<u>·m</u>
For participants to acknowledge c	ufter successful <b>COMPLETION</b> of st	udy:
❖ I confirm that I am feeling pleave the premises.	physically well at the time stated and	d am well enough to
For participants to acknowledge ı	upon WITHDRAWAL (NON-COMP.	<b>PLETION</b> ) of study:
❖ I confirm that I am feeling pleave the premises.	physically well at the time stated and	am well enough to
Name & Signature of Participant		Date & Time
<u>For Researchers</u>		
<ul> <li>The participant is feeling we</li> </ul>	ell on completion of the trial and can	be dismissed.
Any other remarks:		
Name & Signature of Researcher		Date & Time