



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

Quezon Avenue Extension, Quezon City, Philippines 1100

4th Flr. Room 4013 Tel Nos. 9246101 local 568

E-mail : lcpierb@gmail.com. Website : erc@lcp.gov.ph

FINAL REPORT FORM

Section 1 (To be filled-up by PI)

Submission Date	
-----------------	--

LCP-IERB CODE		Sponsor Protocol Number	
---------------	--	-------------------------	--

Protocol Title	
----------------	--

	Name	Mobile / Phone / Fax Number	Email Address
Principal Investigator			
Sponsor			

Note: (Use extra blank paper, if more space is required)

Study Site		Study Arms	
------------	--	------------	--

Number of study participants at the start of the study	Number of participants at the end of the study	Number of participants who received the test articles

1. Summary of amendments to the original protocol (include dates of approval)	
2. Summary of SAE reported	
3. Summary of SUSARs reported	
4. Summary of participants' complaints, if applicable	
5. Summary of benefits documented	
6. Summary of indemnification, if applicable	
7. If terminated early, state the reason	

8. Progress report dates with corresponding IERB actions	
9. Summary of study materials used	
10. Treatment or interventions	
11. Study dose(s)	
12. Duration of the study	
13. Summary of Recruitment	<input type="checkbox"/> Accrual ceiling set by IERB <input type="checkbox"/> Total number of participants accrued since protocol began <input type="checkbox"/> No. of participants who are lost to follow up <input type="checkbox"/> No. of participants withdrawn from the study <input type="checkbox"/> No. of participants who experienced SAEs / SUSARs <input type="checkbox"/> No. of participants who completed the study
14. List of informed consent form used (version/date) and attach most recent version	
15. Study Objectives	
16. Summary of Results	

Principal Investigator's Signature		Date	
------------------------------------	--	------	--

Section 2 (For IERB Use only)

Assessment by the Primary Reviewer

Comments / Conclusion	
Recommendations	<input type="checkbox"/> Approve (Acknowledged / Accepted) <input type="checkbox"/> Request additional information, specify _____ <input type="checkbox"/> Further action required, specify _____

Primary Reviewer	Signature	Date

IERB Decision	
----------------------	--

LCP-IERB Chairman	Signature	Date