



SJD Institutional Review Board

Title: Final Report Form

Code: SJDIRB Form 17

Version: 03

Section 1. To be filled up by the Principal Investigator.

SJDIRB Reference Code		Date of Submission		DD Month YYYY
Protocol Code		SJREB Code		
Protocol Title				
Principal Investigator				
Sponsor/CRO				
Study Sites				
Approval Date		DD Month YYYY	Start Date	DD Month YYYY
No. of study arms		Total number of participants		
Total number of participants at the end of the study		Total number of participants who received the test materials/articles		
Summary of Adverse Events				
If terminated, reason for termination				
Study materials		Treatment form		
Study dose(s)		Duration of the study		
Objectives				
Results (Use extra blank paper, if more space is required.)				
Meeting the WMA Declaration of Helsinki (2024) Standards				
Publication website or online links including paper presentation in conferences/ conventions if any (please attach convention/conference program if any)				
Clinical Trial - hyperlink of registration at Philippine Health Research Registry (please attach proof of registration if hyperlink is not available)				
Student (Undergraduate/Postgraduate/Medical Resident - hyperlink of registration at Herdin (please attach proof of registration if hyperlink is not available)				
Name of Primary Investigator		Signature		Date



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Section 2: FOR SJDIRB USE ONLY (To be filled by the Primary Reviewer)

Decision Points		Recommendation	
<input type="radio"/> Approval <input type="radio"/> Recommend further action <input type="radio"/> Request additional information	1. . 2. . 3. .		
Primary Reviewer		Signature	Date
SJDIRB Final Action			
Final Decision		Recommendation/Comments	
<input type="radio"/> Approval <input type="radio"/> Recommend further action <input type="radio"/> Request additional information		(e.g. Proceed with the recommendation of the reviewer or full board meeting last)	
SJDIRB Officer	Name	Signature	Date
Board/Panel Secretary			
Chair/Panel Lead			