SUTD Institutional Review Board (IRB)
FINAL REPORT OF IRB-APPROVED RESEARCH

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| Please submit this form together with your final report within three months after study expiry date.  |
| **Principal Investigator** |  | **IRB Approval No.** |  |
| **Protocol Title** |  |
| **Co-Investigator(s)** |  |
| **Start Date** |  | **Completion Date (including data analysis)** |  |
| **Results** *(Include findings to date and any additional information)* |
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| **Publications** *(Please attach a copy of publications or manuscripts resulting from this protocol) (If none, put “NIL”)* |
|  |
| **Difficulties encountered** *(If any, please provide details)* |
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| **Report on Human Participants** *(If applicable)* |
| **Target Number of Subjects approved** |  |
| **Actual Number of Subjects recruited** |  |
| 1. Number of subjects screened
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| 1. Number of subjects still involved in the research
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| 1. Number of subjects who discontinued/withdraw from research
 |  |
| 1. Number of subjects who completed research
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| **Report of Serious Adverse Events (SAE)** *(If applicable)* |
| **Total number of SAEs notified to IRB** |  |
| 1. Number of SAEs from Singapore
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| 1. Number of SAEs outside Singapore
 |  |
| 1. Number of local subjects involved
 |  |
| 1. Number of SUTD subjects involved
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| **Nature of SAEs.** Please provide a summary of adverse events and any unanticipated problems involving risks to subjects or others since the last review. *(If none, put “NIL”)* |
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| **Principal Investigator assurance and signature** |
| I certify that the information provided is complete and accurate.  |
| Signature of Principal Investigator |  | Date |  |
| Department / Pillar / Institution |  | Contact Number |  |