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)* | | | |
|  | | | |
| **Publications** *(Please attach a copy of publications or manuscripts resulting from this protocol) (If none, put “NIL”)* | | | |
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| **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 |  |
| 1. Number of subjects still involved in the research |  |
| 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 |  |
| 1. Number of SAEs outside Singapore |  |
| 1. Number of local subjects involved |  |
| 1. Number of SUTD subjects involved |  |
| **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 |  |