**STUDY FINAL REPORT FORM**

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| --- | --- | --- | --- |
| Protocol number: |  | NMRR number: |  |
| Study Title: |  | | |
| Name of Principal Investigator: |  | | |
| Telephone number: |  | E-mail: |  |
| Name of Sponsor: |  | | |
| Address: |  | | |
| Telephone number: |  | E-mail: |  |
| \*MOH study site(s): |  | | |
| \*Total number of MOH subjects in study site(s): |  | Number of study arms: |  |
| Description of Investigational product(s): | | | |
| How is investigational product delivered to subjects?: | | | |
| Study dose(s): | | | |
| Duration of study: |  | | |
| Objectives of study: |  | | |
| Results:  *(Use extra pages if more space is required)* | | | |

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| --- | --- | --- | --- |
| Signature of principal investigator: |  | Date: |  |

\* State only for non-MOH institution if MREC is acting as an independent ethics committee and there is no involvement of MOH facilities or patients.

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| **MREC OFFICE USE ONLY (Do not write below this line) - Please Tick (√) at the appropriate checkbox** | |
| **SUBMISSION DATE:** | |
| **SUBMITTED DOCUMENT** | **MREC Study Final Report Form OR Document / Communication on Study Closure** |
| **Additional actions or information needed?** | **NO**  **YES**  **Specify:** |
| **DATE:** | **SCREENED BY:** |
| **EXPEDITED REVIEW BY CHAIRPERSON / DEPUTY CHAIRPERSON** | |
| **DATE:** | **APPROVED BY:** |

|  |  |
| --- | --- |
| **To be endorsed in the next full-board meeting:** | Red Panel  Meeting Date: …………………….  Blue Panel  Meeting Date: ……………………. |