

**SAN JUAN DE DIOS EDUCATIONAL FOUNDATION, INC.
INSTITUTIONAL REVIEW BOARD**

FINAL REPORT FORM (SJDEFIIRB FORM 3.2)

| | | | |
|--|--|---|--|
| IRB Reference Number | | Approval Date | |
| Protocol Number | | | |
| Protocol Title | | | |
| Principal Investigator | | | |
| Sponsor/CRO | | | |
| Study Site/s | | | |
| 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 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.) | | |
| <div style="display: flex; justify-content: space-between; padding: 10px;"> Principal Investigator Signature Date </div> | | |

Section 2. FOR IRB USE ONLY

| | | |
|-------------------------|------------------|-------------|
| RECOMMENDATIONS | | |
| Comments: | | |
| IRB FINAL ACTION | | |
| | | |
| <i>MEMBER-SECRETARY</i> | <i>Signature</i> | <i>Date</i> |
| <i>CHAIR</i> | <i>Signature</i> | <i>Date</i> |