



SJD Institutional Review Board

Title: Final Report Form

Code: SJDIRB Form 18

Version: 02

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.)			
Publication website or online links including paper presentation in conferences/ conventions if any (please attach convention/conference program if any)			
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	
<ul style="list-style-type: none"> • Approve • Recommend further action • Request additional information • Pending (if substantial clarifications are necessary prior to reaching a decision) 		1. . 2. . 3. .	
Primary Reviewer		Signature	
SJDIRB Final Action			
Final Decision		Recommendation/Comments	
<ul style="list-style-type: none"> • Approve • Recommend further action • Request additional information • Pending (if substantial clarifications are necessary prior to reaching a decision) 		(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			