**Study Completion Report Form**

**(To be filled by Principal Investigator)**

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| **IEC Proposal No.** |  | | | | |
| **Review Date** |  | | | | |
| **Study title** |  | | | | |
| **Principal Investigator (with affiliation)** |  | | | | |
| **Study site** |  | | | | |
| **Study completed as per protocol approved by IEC** | YES |  | NO | |  |
| **Study duration** |  | | | | |
| **Study start date** |  | | | | |
| **Study completion date** |  | | | | |
| **Any amendments/modifications done in IEC approved research protocol** | YES |  | NO | |  |
| **If Yes, whether it was communicated to IEC prior to its implementation** | YES |  | NO | |  |
| **Protocol deviations/violation (Number and Nature)** |  | | | | |
| **Total no. of study participants approved by the IEC for recruitment** |  | | | | |
| **Total no. of participants recruited** |  | | | | |
| **No. of patients withdrawn** |  | | | | |
| **Reasons for withdrawal** |  | | | | |
| **Objectives of the study** |  | | | | |
| **Results (Summary) with Conclusion**  **(Use separate sheet, if more space is required)** |  | | | | |
| **No. of SAEs at our Center** |  | | | | |
| **Whether all SAEs were reported to IEC** | YES |  | | NO |  |
| **Signature of Principal Investigator with Date & Seal**  (for student’s project: signatures required of both  student and guide) |  | | | | |