

(Annexure: 05) Study Completion Form/Final Report Institutional Ethics Committee of KAHER



Study Report Form for study Completion

| 1. | Protocol No.: | | | |
|---|---|------------|-------------------|--|
| 2. | Principal Investigator(Name, Designation and Affiliation): | | | |
| 3. | . Date of Final IEC Approval: | | study completion: | |
| 4. | Phone number: E-mail address: | | ddress: | |
| 5. | Sponsors /Funding Agencies Name: | | | |
| 6. | Provide details of: | | | |
| | a) Total No of study participants approved by the EC for recruitment | | | |
| | b) Total No of Study participants recruited | | | |
| | c) Total No of Participants withdrawn from the study | | | |
| | Provide the reason for withdrawal of Participants: | | | |
| 7. | No. of Study Arms (If any): Number of participants in each of the Study Arms: | | | |
| 8. | 3. Study dose(IMPs): | | | |
| 9. Is there a plan for post study benefit sharing with the stud participants? | | | | |
| 10. Whether the study samples are being retained for future use: | | | | |
| 11. Outcome and Implications of the Study: | | | | |
| 12. | 12. State the Number of | | | |
| | Protocol Violation= | Violation= | Amendments= | |
| 13. Describe the brief plan for archival of records/retention: | | | | |
| 14. Presentations (If any): | | | | |
| 15. | Signature of P.I.: | | Date: | |