



UP OPEN UNIVERSITY
Institutional Research Ethics Committee

**FINAL REPORT
FORM**

REC Form No. 13 (A)

Version No: 01

Date of Effectivity:

General Information

*Title of Study

Version Number/Date of the EC approved protocol

*REC Code (To be provided by UPOU IREC)

*Study Site

*Name of Researcher

Contact Information

*Tel No:

*Mobile No:

*Co-researcher (if any)

Fax No:

*Email

*Institution

*Address of Institution

Effective period of Ethical Clearance

From:

To:

Final Report

1. Start of study

2. Expected End of Study

3. Number of enrolled participants

4. Number of required participants

5. Number of participants who withdrew

6. Deviations from the approved protocol

7. Issues/problems encountered

8. Summary of findings



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9. Conclusions:

10. Actions for dissemination of study results:

Signature of Researcher: _____

Date: _____