**FINAL/TERMINAL REPORT FORM**

Protocol Code\* Date of Approval

Study Protocol Title

Principal Investigator/

Researcher

Phone Number: Email Address:

Study Site(s):

Total No. of

 Study Participants Study Materials

Duration of the Study

**Please attached in this form the Final Report**

Signature of

Researcher/PI

Reviewer’s Comments

Signature over Printed

Name of the Reviewer

**Title**

**Rationale**

*Discuss the background of the study*

*Include sufficient and relevant studies and literatures to justify your study*

**Objectives of the Study**

**Significance of the Study**

**Methodology and Procedures**

*Discuss the following, as applicable;*

1. *Research design*
2. *Research Instrument*
3. *Population and Sampling*
4. *Inclusion/Exclusion Criteria*
5. *Data Collection Procedures*
6. *Statistical analysis plan/Data analysis plan*
7. *Other information, as applicable.*

**Ethical Considerations**

*Discuss the following, as applicable;*

1. *Informed Consent Process (who will solicit consent, how and when it will be done, etc)*
2. *Vulnerability of subjects*
3. *Privacy and Confidentiality*
4. *Risks and Benefits*
5. *Incentives or compensation*
6. *Other information, as applicable.*

**Results and Discussions**

**Summary and Conclusions**

**Recommendations**

**Attached accomplished Research Instruments**

 **Attached accomplished Informed Consent Document**