

Final Report

MMERC Protocol No.		Approval Date	
Protocol Title			
Principal Investigators		Contact No./Email	
Type of Review	<input type="checkbox"/> Full Board <input type="checkbox"/> Expedited		
ERC Approval Date		Date of Last report	
Sponsor <input type="checkbox"/> Not Applicable		Contact No./Email	
Address			
Study Site			

REPORT SUBMISSION DATE (to be filled out by MMERC- mm-dd-yyyy) _____	
1. Period of data collection (mm/dd/yyyy): _____ to _____	13. Summary of benefits documented:
2. Study Arms:	14. Summary of indemnifications (If Applicable):
3. Number of study participants in the beginning of the study:	15. Continuing Review Application Submission dates with corresponding panel action (required for approval dates issued one year ago or earlier):
4. Number of participants at the end of the study:	16. Summary of study materials used (for non-clinical research):
5. Number of participants who received the test articles:	17. List of treatments or interventions:
6. Summary of amendments to the original protocol (including dates of approval):	18. Summary of post-trial provisions (required for clinical trials):
7. Summary of study non-compliance / protocol deviation reported:	19. Summary of bio banking (including total number of samples included and withdrawn):
8. Summary of SAE reported:	20. Study dose(s):
9. Summary of anticipated risks (other than SAEs) documented in the conduct of study:	21. Duration of the study:
10. Summary of SUSAR reported:	22. Study objectives and summary of results:
11. Summary of unanticipated risks (others than SUSAR) documented in the conduct of study:	23. List of informed consent form used (version/date) and attach most recent version, or report on outcome of waiver of informed consent (e.g. no follow-up of patients, anonymized data collection, and others):
12. Summary of participants' complaints or grievances documented regarding conduct of study:	24. Report on outcome of data protection plan (e.g reports of breach of privacy, and storage of identifiable information):
DATE OF LAST REVIEW (mm-dd-yyyy):	
SIGNATURE OF PI:	
DATE SUBMITTED (mm-dd-yyyy):	
RECEIVED BY:	

Comments of Primary Reviewer: e.g. compliance with the submissions

FOR MMERC

RECOMMENDATION

Decision	<input type="checkbox"/> Approval <input type="checkbox"/> Request for Information, Specific: _____ <input type="checkbox"/> Recommended further action, Specific: _____ <div>e.g. resubmission of final report with correction</div>		
Reviewer's Name		Date	
Signature			