



**FINAL REPORT FORM**

<i>EC Reference No:</i> _____	CT Phae/CT type: _____
<i>Principal Investigator:</i> _____	ERC Approval Date: _____
<i>Institute/Department:</i> _____	Date of Report: _____
<i>Protocol &amp; Title:</i> _____ _____ _____	

Please complete this final report when:

1. All subjects at your site have finished their final visits and any follo-up activities (such as phone calls, post card contacts, or long-term follow up required by the protocol) are completed.
2. The sponsor or the sponsor representative has indicated the study is closed at your site, and
3. if the study was conducted under a Federalwide Assurance, all data analysis at the site is completed

**Do not submit this form until all of the above has been accomplished.**

Until a FINAL REPORT FORM is received, ERC oversight of the research at your site will remain active, including Continuing Review as appropriate.

1. Date of Study close-out: \_\_\_\_\_  
(mm/dd/yyyy)
2. Total subjects who signed the consent form: \_\_\_\_\_
3. Were there any unanticipated problems involving risks to subjects or others at your site that have not been previously reported to ERC?  No  Yes  
(if yes, kindly attach a report to this form)
4. Comments about the study, including outcome results of the study. (if known)  
(Use reverse side or additional pages, if needed)

\_\_\_\_\_  
Principal Investigator printed name and Signature

\_\_\_\_\_  
Date

For ERC use only:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_