



INSTITUTIONAL ETHICS COMMITTEE (IEC)

Seth G. S. Medical College and KEM Hospital, Mumbai.

Annexure 1 AX 01/SOP 08/V 7.1 Study Completion Report Format

Date:

IEC No. of the Project:

Study Title:

Principal Investigator (Name, Designation & Affiliation):

1. Date of EC approval:

2. Date of start of study: Date of study completion:

3. Provide details of:

a. Total number of study participants approved by the EC for recruitment:

b. Total number of study participants recruited:

c. Total number of participants withdrawn from the study (if any):

Provide the reasons for the withdrawal of participants:

4. Describe in brief the publication/presentation/dissemination plans of the study findings. (Also, mention if both positive and negative results will be shared)

5. Describe the main ethical issues encountered in the study (if any)?

6. State the number (if any) of Deviations/Violations/Amendments made to the study protocol during the study period

Deviations: Violations: Amendments:

7. Describe in brief plans for archival of records/record retention

8. Is there a plan for post study follow-up?

Yes No



INSTITUTIONAL ETHICS COMMITTEE (IEC)

Seth G. S. Medical College and KEM Hospital, Mumbai.

If Yes, describe in brief:

.....
.....

9. Do you have plans for ensuring that the data from the study can be shared/accessed easily? Yes No

If Yes, describe in brief:

.....
.....
.....

10. Is there a plan for post study benefit sharing with the study participants? Yes No

If Yes, describe in brief:

.....
.....
.....

11. Describe results (Summary) with conclusion?

.....
.....
.....

12. Number of SAEs that occurred in the study:

13. Have all SAEs been intimated to the EC? Yes No

14. Is Medical management or compensation for SAE provided to the participants? Yes No

If Yes, provide details

.....
.....
.....

Signature of Principal Investigator (PI) with date: