



Study completion/Final report format

SRI BALAJI MEDICAL COLLEGE, HOSPITAL AND RESEARCH INSTITUTE

EC Ref. No. (For office use):

Title of study:

Principal Investigator (Name, Designation and 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c) Total number of participants withdrawn from the study (if any):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 withdrawal of participants²³ :

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

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

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

Deviations: Violation: Amendments:

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

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²³ Explanation for the withdrawal of participants whether by self or by the PI

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

Yes ☐ No ☐

If yes, describe in brief:

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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:

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10. Is there a plan for post study benefit sharing with the study participants?

Yes ☐ No ☐

If yes, describe in brief:

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11. Describe results (summary) with Conclusion ²⁴ :

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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.....

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Signature of PI:

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²⁴ For sponsored studies, if the final report is not available from sponsor, it may be submitted later to the EC once it is ready.



Format for Curriculum Vitae for Investigators

SRI BALAJI MEDICAL COLLEGE, HOSPITAL AND RESEARCH INSTITUTE

EC Ref. No. (For office use):

Name:

Present affiliation (Job title, department, and organisation):

Address (Full work address):

Telephone number: Email address:

Qualifications:

Professional registration (Name of body, registration number and date of registration):

Previous and other affiliations (Include previous affiliations in the last 5 years and other current affiliations):

Projects undertaken in the last 5 years:

Relevant research training/experience in the area ²⁵:

Relevant publications (Give references to all relevant publications in the last five years):

Signature

Date:

²⁵ Details of any relevant training in the design or conduct of research, for example in the Ethics Training, Human participants' protection courses, Clinical Trials Regulations, Good Clinical Practice, consent, research ethics training or other training appropriate to non-clinical research. Give the date of the training