

**CHONG HUA HOSPITAL**

Healing with Passion. Caring with Compassion.

**END OF STUDY
REPORT FORM**

Form HRP-IRB-020

Date Filed :			
Protocol No.:		IRB No.: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
Protocol Title :			
Principal Investigator:		E-mail address:	Phone number:
Sponsor's Name & Address:		E-mail address:	Phone number:
Study site(s):	Total Number of study participants:	No. of Study Arms:	
Number of participants who received the test articles:	Study materials:	Study dose(s):	
Treatment form:		Duration of the study:	
Objectives:			
SUMMARY OF STUDY:			
Total Number of Subjects Screened : _____		Total Number of Screen Failures : _____	
Total Number of Subjects Enrolled : _____		Total Number of Withdrawals : _____	
Total Number of SAE's : _____		Reason for Withdrawals:	
a) Deaths		a) Lost to Follow-up	
b) SAE other than Death (please indicate SAE's)		b) Personal reasons	
		c) Others (please specify)	

Signature of PI_____
Date