



**Completion report form
Ethics review Committee
Faculty of Medicine, University of Jaffna**

Reference Number:

Protocol Title:

Principal Investigator:

Telephone: E mail address:

Sponsor's name:

Address:

Telephone: E mail address:

Study site(s):

Total number of study participants:

Number of study arms:

Objective(s):

Study materials and method:

Study dose(s):

Duration of the study:Months/Years

Date of start:

Date of completion

Treatment form:

Adverse events:

Results and conclusions:

Protocol violation/ deviation

Any ethical issues encountered and action taken

A summary of entire findings, recommendation and limitation to the research (not more than 1000 words):

Publications, if any

Signature of PI:

Date: