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: