



Completion Report Form
Ethics Review Committee
Faculty of Medicine, University of Jaffna

Reference number:

Protocol title:

Principal investigator:

Telephone:

Email:

Date of start:

Date of completion:

Study site(s):

Total number of study participants:

Objective(s):

Study materials and method:

Results and conclusions:

Adverse events (if any):

Protocol violation/ deviation (if any):

Any ethical issues encountered and action taken:

Publications (if any):

Signature of Principal Investigator:

Date: