**Annexure:** **(UOR/20-001)**

Template for final report

 **FINAL REPORT**

**Ethics Review Committee, Faculty of Medicine, University of Ruhuna**

|  |  |
| --- | --- |
| Protocol No: | Assigned No: |
| Protocol Title: |  |
|  |  |
| Principal Investigator : |  |
|  |  |
| Phone No: | E mail Address: |
| Sponsor’s Name: |  |
| Address: |  |
|  |  |
| Phone No: | 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:

Treatment form:

Adverse events:

Results and Conclusions:

Any ethical issues encountered and action taken

Publications, if any

 Signature Date