



ANGELES UNIVERSITY FOUNDATION
INSTITUTIONAL ETHICS REVIEW COMMITTEE

FINAL REPORT

GENERAL INSTRUCTIONS: Please accomplish this form and submit to the AUF-IERC.	
1. Reference number: _____	
2. Principal Investigator: _____ Signature over printed name	
3. Address/Contact numbers: _____	
4. Sponsor: Name: _____ Protocol No.: _____	
5. Project title: _____	
6. Date of Initial Approval: _____	
7. Date of Submission: _____	
8. Received By: _____	
Study site(s):	No. of Study Arms:
Target Sample Size:	No. of participants who Received the intervention:
Reason for not reaching the target size: (if applicable)	
Duration of the Study:	
Objectives:	
Summary of Results:	

To be filled out by AUF-IERC

Recommendations <input type="checkbox"/> Approval <input type="checkbox"/> Request further information (specify) <input type="checkbox"/> Recommended further action (specify) <input type="checkbox"/> Others
Remarks _____ _____ _____
MEMBER: <SIGNATURE OVER PRINTED NAME> DATE: <dd/mm/yyyy>
AUF- IERC CHAIR: <SIGNATURE OVER PRINTED NAME> DATE: <dd/mm/yyyy>