

**Annex 1**  
AF/01/01-SOP11/01

**Study Completion Report Form**  
(Filled by Principal Investigator)

Protocol No	Assigned No <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Protocol Title:	
Principal Investigator:	
Phone Number:	E mail address :-
Sponsor	
Address	
phone	E mail :-
Study site(s)	
Total no of study participants	No of study arms :-
Study materials	
Treatments form	

Study dose(s) :-	
Duration of the study	
Objectives:-	
Results( brief) ( use extra blank paper, if more space is required.	
SAE (Total number)	
Whether SAEs intimated to the IEC (Yes/No)	
No of patients withdrawn	
Conclusion	
Signature of P.I	Date :-
Assessment	
Reviewer Name	Sign & date
Comments(if any)	
Decision :- a) noted b) requires more information	