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**Project Closure Form**

**INSTITUTIONAL ETHICS COMMITTEE (IEC)**

**PROJECT DETAILS**

|  |  |
| --- | --- |
| **IEC Reference Code** |  |
| **NMRR number** |  |
| **Study Title** |  |
| **Principal Investigator** | **Name** |
| **Telephone Number** | **Email** |
| **Sponsor** | **Name****Address** |
| **Telephone Number** | **Email** |
| **MREC** | **Approved Study Site(s)** |
| **Total number of subjects in MREC approved study site(s)** | **Number of study arms** |

**A. HEALTH / MEDICAL RESEARCH PROJECT (clinical, health or social science research)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Targeted number** | **Actual number** | **Number withdrawn** |
| **Participants** |  |  |  |
| **Records** |  |  |
| **Samples** |  |  |

**B. PROJECT FINAL REPORT**

|  |  |
| --- | --- |
| **Date of completion** |  |
| **Number of subjects who received investigational products(s)** |  |
| **Description of Investigational product(s)** |  |
| **How is investigational product delivered to subjects?** |  |
| **Study dose(s)** |  |
| **Duration of study** |  |
| **Objectives of study** |  |
| **Outcomes of project** | *(Use extra pages if more space is required)* |
| **Is a list of publications attached** | YES / NO*(Attach a list of publications, seminars, conferences etc which feature findings from the research project (include those submitted for publication or future events)* |
| **If publication is not planned, provide brief explanation** |  |
| **Will participants be informed of research project results?** | YES / NO |
| **If no, give explanation** |  |

**Declaration**

The information provided in this report is complete and correct. The project is being conducted in accordance with the approved protocol. Any significant protocol deviation or violation has been reported to the reviewing IEC and/or MREC. The project is being conducted in compliance with the Malaysian Guidelines for Good Clinical Practice (GCP) and the National and International Ethical Guidelines for Biomedical Research Involving Human Subjects (CIOMS) as stipulated in the UCSI IEC guideline.

|  |  |
| --- | --- |
| **PI name** |  |
| **Email** |  |
| **Contact number** |  |
| **Date** |  |
| **Signature & stamp** |  |