



Ethics Review Committee

Faculty of Medicine, Wayamba University of Sri Lanka

Final Report Submission Form

Ref. number:	PW												Research	Clinical trial	Database

Details of the study														
Title:														
Original date of approval:		Date			Month			Year						
Principal investigator:														
Name:														
Address:														
Phone							E-mail:							
Date of submission							Total number of participants recruited:							

Study site(s):									
Number analysed:									
Start date of recruitment:				End date of recruitment:				Project end date:	
DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	
Adverse events:									

Main findings:					
Details of conference presentations:					
Details of publications/ plans for publication:					
Is final report attached?					yes
Signature of the principal investigator:		Date:	DD	MM	YYYY