

**IIUM RESEARCH ETHICS COMMITTEE**

**(IREC)**

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**End of Project Report Form**

* *The Principal Investigator (PI) must submit End of Project Report to IREC Secretariat after the completion of the research project.*
* *The PI is required to submit the End of Project Report Form and ‘Summary of the Study Outcome’ to IREC Secretariat.*
* *If the completed End of Project Report is not submitted by the due date, the Principle Investigator (PI) must inform IREC Secretariat that the IREC approval has expired.*
* *If the approval expires prior to submission of the continuation application, the investigator is required to suspend subject contact and data collection until the continuation is approved by the IREC. The PI must submit the ‘Request for Continuing Review’ Form for IREC approval.*
* *Please send the* **ORIGINAL FORM and others DOCUMENT(S)** *to the IREC office for review.*

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| **I. Background** |
| **IREC No.** | : |  |
|  |  |  |
| **Title** | : |  |
|  |  |  |
|  |  |  |
| **Principal Investigator** | : |  |
|  |  |  |
| **Department** | : |  |
|  |  |  |
| **Kulliyyah/Institution** | : |  |
|  |  |  |
| **Commencement Date** | : |  |
|  |  |  |
| **Completion Date** | : |  |
|  |  |  |
| **Duration** | : |  |
|  |  |  |

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| **II. Research Details** |
| 1. | Was the project successfully completed without any adverse event |
|  | Yes |  |  |
|  |  |  |  |  |
|  | No |  | (Please provide detail and relevant documents with this form ) |
|  |
| 2. | Was there any breach of confidentiality of patients during the activities of this project, such as while presenting at a conference, publication of reports, etc? |
|  | Yes |  | (Please provide details and relevant documents with this form) |
|  |  |  |  |  |
|  | No |  |  |
|  |
| 3. | Please attach **an Abstract** . |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Investigator’s Signature** | : |  |  |
| **Name** | : |  |  |
| **Date** | : |  |  |

**RECOMMENDATIONS (for IREC use only)**

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| **Comments of Chairperson** (i.e. compliance with the terms of the approved protocol including post-approval review requirements, and overall assessment of risks against benefits in the conduct of study) |
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| **COMPLETION STATUS:*** Complete Without Any Issue.
* Complete With Minor Issue: (Specify)
* Complete With Major Issue: (Specify)
* Terminated
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| **CHAIRPERSON** |
| Signature | : | …………………………………… |
| Name | : | …………………………………… |
| Date | : | …………………………………… |