B I C O L U N I V E R S I T Y
C o l l e g e o f M e d i c i n e
Institutional Review Board
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FINAL REPORT (FORM 3.4)

IRB Protocol No.		Approval Date	
Protocol Title			
Principal Investigator.			
Phone number:		E-mail address :	
Sponsor's Name			
Address:			
Phone number:		E-mail address :	
Study site(s):			
Total Number of study participants :		No. of Study Arms	
Number of participants who received the test articles:			
Study materials:			
Treatment form:			
Study dose(s):			
Duration of the study			
Objectives:			
Results: *(Use extra blank paper, if more space is required.)*			
Signature of P.I.			