


*ANXI- VER1/SOP10/VER1*

	<b>Study Completion Report (SCR) Form</b> <b>Institutional Review Board (IRB)</b> <b>Malabar Cancer Centre (MCC), Thalassery- 670 103</b>
MCC Project No.:	
Study Title:	
Principal Investigator:	
Co-PIs:	
Sponsor(s):	
Duration of the Study (in Months):	
Study Start Date:	
Study End Date:	
<b>Summary of Protocol participants:</b>	
o Target accrual of trial (entire study) _____	
o Total patients to be recruited at MCC (IRB ceiling) _____	
o Screened : _____	
o Screen failures : _____	
o Enrolled : _____	
o Consent Withdrawn : _____ Reason: (Attach in format below)	
o Withdrawn by PI : _____ Reason: (Attach in format below)	
o Active on treatment : _____	
o Completed treatment : _____	
o Patients on Follow-up : _____	
o Patients lost to follow up : _____	
o Any other: _____	
o Any Impaired participants	
• None _____	
• Physically _____	
• Cognitively _____	
• Both _____	

MCC case no. & Reason for withdrawal
Objectives:
No. of Study arms:
Results (brief) (use extra blank sheets, if more space is required):
Presentation/ Publication on the data generated in this trial :
SAEs at MCC (Total number and type) :
Whether all SAEs were intimated to the IRB (Yes/No) : If No, indicate Reason .....
Protocol deviations/violations (Number and nature)
Conclusion
Please specify if the raw data was submitted to Department of Biostatistics & Health Research, MCC (applicable only for investigator initiated studies supported by intramural funding):
Signature of PI: Date: Place: