



**CHINESE GENERAL HOSPITAL AND MEDICAL CENTER  
DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH  
RESEARCH ETHICS REVIEW BOARD (RERB)**



**FINAL REPORT (FORM 23)**

CGHMC RERB Protocol No.		Approval Date: (dd/mm/yyyy)	
Protocol Title			
Principal Investigator		Contact Number	
Signature of Principal Investigator		Date Submitted	
Total number of participants		No. of Study Arms	
Study materials <input type="checkbox"/> Drug <input type="checkbox"/> Device <input type="checkbox"/> Biologic specimen <input type="checkbox"/> Others			
Treatment arm		Comparator arm	
Study dose(s) of treatment arm		Study dose(s) of comparator arm	
Duration of the study			
Objectives			
Results: (Use extra blank paper, if more space is needed)			
RECOMMENDED ACTION:		Type of Review	
<input type="checkbox"/> Uphold Original Approval with No Further Action		<input type="checkbox"/> Full Board	
<input type="checkbox"/> Request Information: (Specify)		<input type="checkbox"/> Expedited	
<input type="checkbox"/> Recommend Further Action: (Specify)		Meeting Date:	
PRIMARY REVIEWER:			
Signature over name		Date	
RERB CHAIR:			
Signature over name		Date	