



जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION & RESEARCH
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
भारत सरकार / GOVERNMENT OF INDIA
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INSTITUTE ETHICS COMMITTEE (HUMAN STUDIES)
JIPMER, PUDUCHERRY

No. JIP/IEC/SCR/2023

Date: 22-06-2023

CIRCULAR

Sub: Submission of Study Completion Report of the approved projects to the IEC
Interventional Studies, JIPMER

All Faculties / M.D. / M.S. / D.M. / M.Ch. / U.G. Students / P.G. Students and PhD scholars, who have completed their approved projects before May 2023 are hereby informed to submit one original copy of “Study Completion Report” of their research projects in the enclosed proforma to the Member Secretary, IEC Interventional Studies on or before 05-07-2023 and soft copy of same needs to be forwarded to iechumanstudies@jipmer.edu.in. The completion report should be submitted in the attached proforma and must be forwarded by the guide and Head of the Department.

S.S-12

Dr. Sandhiya S.,
Member Secretary,
IEC – Interventional Studies

MEMBER SECRETARY
INSTITUTE ETHICS COMMITTEE
(HUMAN STUDIES) JIPMER, PUDUCHERRY

Copy to:

1. All the Faculties / MD / MS/ DM / MCh / PhD Scholars / PG Students / UG students

**Institutional Ethics Committee – Interventional Studies
Study Completion Report, IEC (Human Studies), JIPMER**

(To be filled by principal Investigator)

IEC No.

Project Title:

Principal Investigator/Student Researcher :

Department:

Total no. of study participants recruited:

Total no. of study participants approved by the IEC for recruitment:

Duration of the study:

*Results (summary) with Conclusion: (use extra blank paper, if more space is required):

*Note: If final report is not available from sponsor for sponsored clinical trial, it may be submitted later to IEC once it is ready.

Number of SAEs at our center:

Whether all SAE submitted to IEC: Yes:

No: (if no, reason(s) for the same)

No. of patients withdrawn:

Reasons for Withdrawal of Patients:

Signature of the Student Researcher / Principal Investigator with Seal &

Date: _____

Signature of Guide & HoD with Seal & Date: _____

To be filled by IEC office only

Action taken:

Noted:

Requires more information/ action as follows:

IEC Meeting date (If reviewed in meeting):

Final Decision:

Signature of Member Secretary with date:

(Attach a copy of IEC approval letter with this report)