

**Institutional Review Board (IRB)  
Bangladesh Medical University**

**Protocol Completion Report**

1.	<b>Protocol Number</b>	<b>Protocol Title:</b>		
2.	<b>Principal Investigator:</b>		<b>Faculty:</b>	
3.	<b>Grant No.</b>		<b>Budget Source:</b>	
4.	<b>IRB Approval Date:</b>		<b>Actual start date:</b>	<b>Actual end date:</b>
<b>Abstract (objectives, main findings, recommendation/policy implications):</b> <b>Objectives:</b>  <b>Main findings:</b>  <b>Recommendation/policy implications:</b>				
<b>Ethical concerns (protocol deviation, violation, SAEs etc.):</b>				

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Signature of the Principal Investigator

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Signature of the Designated person of IRB, BSMMU (with Seal and date)