|  |  |
| --- | --- |
| **Protocol title (ไทย)** **(English)** | **IRB NO.**\_\_\_\_\_\_ |
| **Study Code :** |
| **Principal Investigator :** |
| **Phone number :** | **E-mail address :** |
| **Sponsor’s Name :** |
| **Address :** |
| **Phone number :** | **E-mail address :** |
| **Study site(s) :** |
| **Objectives(s) :** |
| **Study materials :** |
| **Study dose(s) :** |
| **Treatment form :** |
| **Duration of the study :** |
| **Proposed number of study participants :** | **No. of Study Arms :** |
| **Number of participants recruited in the study :** |
| **Number of dropout participants in the study :** |
| **Number of SAE/SUSARs occurred :** |
| **Number of Non-Compliance / Protocol violation occurred:** |
| **In case of clinical trial, describe how** **participants can access to study drug after finishing the trial :**  |
| **In case of termination, describe reason for termination and how the participants are taken care of :** |
| **Brief summary of the result :** |
| **Investigator’s signature** ………...........................…...................................... **date**…….....…..…/…….....…..…/…….....…..…(Please retain a copy of the completed form for your record keeping.) |
| **Reviewer’s comments :** |
| **Reviewer’s signature** …………….........................…...................................... **date**…….....…..…/…….....…..…/…….....…..… ( ) |