|  |  |  |  |
| --- | --- | --- | --- |
| **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**…….....…..…/…….....…..…/…….....…..…  ( ) | | | |