INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN PARTICIPANTS IN RESEARCH

End of Project Report

Section I: General Information

Date: _____ **IRB Number** (*Assigned by IRB office*): _____

Project Title: _____

Principal Investigator or Faculty Advisor: _____

Department: _____

Campus Address: _____

Email Address: _____ Phone: _____

Co-Principal Investigator: _____

Department: _____

Campus Address: _____

Email Address: _____ Phone: _____

Type of research, check all that apply:

☐ Faculty Research ☐ Dissertation/Thesis/Honor's Thesis

☐ Product of Learning/Capstone Research ☐ Class Project – Course Number: _____

☐ Other (describe): _____

Project dates: from _____ to _____

Section II: Protocol Results

This report is used to verify that the above named research involving the use of human subjects was performed according to the procedures approved by the IRB. The research project is now complete.

1. Provide a brief description of the results obtained by this study (use additional pages as needed):

2. ☐ Yes ☐ No Have any articles been published using the results of this study?

3. Number of articles/manuscripts submitted or in development: _____

4. Total number of subjects enrolled in study: _____
   Total number of subjects completing study: _____

5. Did any adverse events (AE) occur? ☐ Yes ☐ No If yes, how many? _____
   ☐ Yes ☐ No Were all adverse events (AE's) reported?

6. Please check any/all reasons applicable for protocol completion/termination request (check at least one):

- ☐ PI/Co-PI completed goals of study
- ☐ Protocol did not receive funding
- ☐ PI or Co-PI no longer resides at institution
- ☐ Student Co-PI has graduated
- ☐ Data analysis continuing; no further contact with study participants
- ☐ Investigator/s lost interest in pursuing study
- ☐ Protocol closed due to adverse event
- ☐ Other: _____

All records for this project will be maintained for at least three years by the researcher unless a longer time has been outlined in the research proposal.

Section III: PI Certification

I certify, as of the date below, human subjects are no longer being studied, contacted or enrolled in the protocol listed above. Therefore, this protocol should be officially designated as completed/terminated by the ECSU IRB.

Principal Investigator or Faculty Research Advisor:	Printed Name	Signature	Date

FOR COMMITTEE USE ONLY

Signature: _____ Date Received: _____

Comments:

FOR IRB OFFICE USE ONLY

IRB Signature: _____ Date Received: _____

Comments: