

IRB FINAL REPORT FORM



SECTION A: General Information

IRB Approval Number:

Project Title:

Principal Investigator(s):

Co-Principal Investigator(s):

SECTION B: Current Status of Project

Date Project Closed:

Reason for Closing Project:

Completed*

Not Funded

Discontinued

Research Never Started

Other (describe):

**For IRB purposes, completed can mean the investigators have finished interventions or interactions with participants, are no longer obtaining identifiable private information or biospecimens, and are no longer using, studying, or analyzing identifiable private information or biospecimens.*

Total Number of Participants Enrolled in this Study:

Please provide one of the following as a result of your research:

Publication

Related Papers

Abstract

Summary

SECTION C: Adverse/Unanticipated Events

Were there any unanticipated problems and/or adverse events during the project?

YES **NO**

If yes, provide a summary of occurrences to the IRB chair (irb@cocc.edu).

If an unanticipated problem or adverse event occurred, was an INTERIM REPORT FORM submitted to the IRB chair?

YES **NO** **N/A**

Did you receive any complaints about the research?

YES **NO**

If yes, contact the IRB chair (irb@cocc.edu) to describe how it was resolved.

SECTION D: Data Storage

Where are your project files being stored? Indicate specific locations. Note: A copy must be stored on COCC's campus. Data must be kept for at least three years after project is completed.

SECTION E: Signatures

By signing this form, the Principal Investigator attests that (s)he has read the information provided as a final report for IRB review.

Principal Investigator (PRINT)

Signature

Date

Submit as a scanned PDF to the IRB Chair at irb@cocc.edu.