### IRB FINAL REPORT FORM



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| **SECTION A: General Information** | | | | | | | | |
| 1. | IRB Approval Number: | | | |  | | | |
| 2. | Project Title: | |  | | | | | |
| 3. | Principal Investigator(s): | | | | |  | | |
| 4. | Co-Principal Investigator(s): | | | | |  | | |
| **SECTION B: Project Information** | | | | | | | | |
| 1. | Date Project Closed: | | |  | | | | |
| 2. | Reason for Closing Project: | | | | | | | |
|  | | Completed\* | | | | | Not Funded | |
|  | | Discontinued | | | | | Research never started | Other |
|  | | If discontinued, never started, or other, please explain below: | | | | | | |

*\*For IRB purposes, a research project can be considered completed once 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.*

|  |  |
| --- | --- |
| 3. | Total number of participants enrolled in this study: |

|  |  |
| --- | --- |
| 4. | Please provide one of the following as a result of your research: |
|  | Publication, abstract, related papers, or summary attached |
|  | Summarize below: |

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| **SECTION C: Adverse/Unanticipated Events** | |
| 1. | Provide a summary of any unanticipated problems and/or adverse events that occurred. |

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| --- | --- | --- | --- | --- |
| 2. | If an unanticipated problem or adverse event occurred, was an **Interim Report Form** submitted to the IRB Chair? | | | |
|  | | NA | YES | NO |
| 3. | Did you receive any complaints about the research? | | | |
|  | | YES | NO | |
|  | | If YES, describe the complaint and how it was handled. | | |

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| **SECTION D: Data Storage** | |
| 1. | 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. |

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| **SECTION E: SIGNATURES** | | | | | |
| *By signing this form, the Principal Investigator attests that he/she has read the information provided as a final report for the IRB and Research Compliance Office.* | | | | | |
|  | | | | | |
|  | |  |  |  |  |
| **Principal Investigator (PRINT)** | |  | **Signature** |  | **Date** |

**This page, signed by all applicable investigators, may be submitted as a scanned PDF to the IRB Chair at** [**jdowning@cocc.edu**](mailto:jdowning@cocc.edu)**.**