

**Institutional Review Board
for the Protection of Human Subjects in Research (IRB)
Research Protocol Final Report
All responses must be typed on to this form.**

Date: _____ Protocol #: _____ Investigator(s): _____

Title of Project: _____

Federal regulations require final review of approved projects. To this end, please complete the following questionnaire ASAP.

Please answer the following questions:

a. Provide the number of subjects in the study on the following table:

	American Indian or Alaskan Native	Asian or Pacific Islander	Black, not of Hispanic Origin	Hispanic	White, not of Hispanic Origin	Other or Unknown	Total
Female							
Male							
Unknown							
Total							

b. Have there been any:

1. Adverse events or unanticipated risks to subjects or others? Yes____ No____
2. Withdrawal of subjects from the research? Yes____ No____
3. Complaints about the research? Yes____ No____
4. Changes made to your study? Yes____ No____
5. Have these changes been approved? Yes____ No____

**If "yes," please attach explanatory material.*

c. Has there been any recent literature, findings, or other information about risks associated with your type of research project? Yes____ No____

If "yes," attach summary of relevant information.

Researcher's Signature _____

Date _____

Please return this form to:

**IRB Administrator
Office of Research Services
215 City Avenue**

(For IRB Use Only)	
TERMINATION:	
Date of Research Termination _____	
_____	_____
Print or Type Name	Signature
Chair/Administrator, IRB	