



**Final Report upon Termination of Study**

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**Instructions:**

Submit this form and the information requested before the approval expiration date for the protocol.

**Notes:**

- Data analysis using data collected from study subjects requires IRB approval. If you are performing data analysis, you must submit a Continuing Review application before approval expires. Submit a Final Report once the data analysis is completed.
- To terminate this project, all research related to this protocol must have ceased, including subject enrollment, subject follow-up, and work with identifiable information related to the study subjects, including medical or research records
- Federal Guidelines require a final report upon the termination of a human-participants research study.
- This form will constitute your notice of termination and final report to the IRB

**Study Information**

IRB Study Number: \_\_\_\_\_

Study Title: \_\_\_\_\_

Initial Approval Date: \_\_\_\_\_

Effective Termination Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Co-Investigators Names: \_\_\_\_\_

(Attach separate sheet if more than four co-investigators) \_\_\_\_\_

**Study Was Terminated Because (Check One)**

- Research / Study complete
- Study was not funded / Funding revoked
- Other (specify) \_\_\_\_\_

**Recruitment / Enrollment**

Number of subjects who were screened for the study (completed Consent Form) \_\_\_\_\_

Number of subjects who met the inclusion criteria and started the study \_\_\_\_\_

Number of subjects who were dropped or withdrew before completion of the study \_\_\_\_\_

Number of subjects who completed the study \_\_\_\_\_

**Participant Information**

**List number of enrolled participants by gender & ethnicity**

	White	Hispanic	Black	Native American	Asian	Other/Unknown	Totals
Men							
Women							
Unknown							
<b>Total Enrolled Participants</b>							



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**Withdrawals**

Have participants withdrawn from or complained about the study process? Yes  No

If Yes, describe

Have participants been withdrawn from the study by the Investigator? Yes  No

If Yes, describe

**Unanticipated Problems**

During the entire study, did any unanticipated problems involving risks to subjects or others occurred because of, or coincidental with, the protocol? (Example: loss of laptop containing research data) Yes  No

If Yes, how many? and describe

Have any subjects sought compensation for an injury associated with the study? Yes  No

If Yes, explain

**Confidentiality**

Where are the names of all research subjects filed and where are the consent forms kept? If there are no research subjects, indicate no subjects.

**Summary of Research Findings & Final Disposition**

Provide a summary of your research findings. Include a summary of any recent literature, amendments, or modifications to the research since the last full Board review, reports or multi-center trials, and any other relevant information. Also, include information about findings (either good or bad) that should be disclosed to participants in the study. Discuss the rationale for and method of notification to participants.

In addition, discuss the final disposition of the research records and data. (Use the box below)

**Principal Investigator's Statement**

I certify that the information provided above is true and accurate to the best of my knowledge.

Principal Investigator's Name (typed)

If researcher is a student, the faculty sponsor's name needs to be typed below.

Faculty Sponsor Name (Typed)

Title

Date

E-mail the completed form to: [Institutional Review Board #1](#)