**I. INVESTIGATORS**

|  |  |
| --- | --- |
| Principal Investigator | Co-Investigator \* |
| Name:  | Name:  |
| Department:  | Department:  |
| Address**\*\***:  | Address**\*\***:  |
| Phone:  | Phone:  |
| Fax:  | Fax:  |
| Email:  | Email:  |
| Position:[ ]  Faculty[ ]  Graduate student[ ]  Undergraduate student[ ]  Other | Position:[ ]  Faculty[ ]  Graduate student[ ]  Undergraduate student[ ]  Other |
| Funding Status: [ ]  Pending [ ]  Awarded [ ]  Non-applicable | **\***Submit the names of additional co-investigators on a separate piece of paper, including all the information requested above.**\*\***For address, include your preferred contact address. |
| If the Principal Investigator is a student include the following:Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_ Phone/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**II. PROJECT TITLE:**

**III. IRB APPROVAL NUMBER:**

**IV. DURATION OF PROJECT:** From (MM/DD/YYYY) to (MM/DD/YYYY)

**V. RESEARCH STATUS:** (Check all that apply)

[ ]  The project is complete

[ ]  Research was never initiated

[ ]  No research participants were even enrolled (or participant records, specimens, etc. obtained)

[ ]  Research has been discontinued, and there will be not further data collection (including long term follow-up or re-contact) or analysis of identifiable/coded data

[ ]  Sponsor is discontinuing the research

[ ]  Principal Investigator and/or co-investigator are leaving the university

[ ]  Other, specify

**VI. RESEARCH PROGRESS:** (Please type)

**Do not write “See Attached”**

1. Summarize the results of the study, including any plans for scholarly/scientific presentations or publications.

1. Number of subjects accrued:
2. Discuss whether any significant new findings or other information should be provided to past participants.
3. Discuss what will happen to the identifiable/coded data, if any. Include security measures, if applicable.
4. Since the last IRB review (initial or continuing), did any unanticipated problems or events occur?

[ ]  Yes [ ]  No

If yes, describe the unanticipated problems or event and discuss the impact to the risk on subjects.

6. Did any research subjects withdrawn from the project since the last IRB review?

[ ]  Yes [ ]  No

If yes, summarize the reason for the subject withdrawal.

7. Have there been any complaints received about the research/project since the last IRB review?

[ ]  Yes [ ]  No

If yes, describe the complaints.

**VII. ASSURANCES**

I agree to follow all applicable policies and procedures of Walsh University and federal, state, and local laws and guidance regarding the protection of human subjects in research, as well as professional practice standards and generally accepted good research practice guidelines for investigators.

I verify that the information provided in this Final Report application is accurate and complete.

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Principal Investigator Co-Investigator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date