

_____ Date

_____ Application Number

Final Study Report

A. INVESTIGATOR INFORMATION

Please list all study personnel involved in the conduct of this study. All study personnel must have completed the required training in human subject research and provide the IRB with documentation the certification remains in effect. The IRB will not review a study without such forms on file for all research personnel. Only SSU faculty, staff, students, or registered volunteers are considered SSU affiliated and thus covered by the SSU IRB review. All non-affiliated study personnel must have their participation reviewed by the appropriate IRB. (Attach a separate sheet if more space is needed.)

STUDY TITLE			
PRINCIPAL INVESTIGATOR OR FACULTY ADVISOR		Phone Extension	Email Address
DEPARTMENT			
CO-INVESTIGATOR OR STUDENT INVESTIGATOR		Phone Extension	Email Address
CO-INVESTIGATOR OR STUDENT INVESTIGATOR		Phone Extension	Email Address
CO-INVESTIGATOR OR STUDENT INVESTIGATOR		Phone Extension	Email Address

B. Research Status

Check all that apply:

- Research is completed
- Research was never initiated
- No research participants were ever enrolled (or participants records, specimens, etc. obtained)
- Research has been discontinued, and there will be no 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. Please specify:

C. RESEARCH PROGRESS

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

2. Summarize any IRB-approved amendments or changes made to the research since last IRB review (initial or continuing). If IRB approval was not obtained for changes, provide an explanation.

3. Discuss whether any significant new findings or other information should be provided to past participants.

4. Discuss what will happen to the identifiable/coded data, if any, at the end of the study.

D. PARTICIPANTS

1. Number of participants (include all who gave consent even if all did not prove eligible or complete the study).

2. Have any participants made complaints about the research since the last IRB review?
If YES, please list and describe each complaint and any actions taken to resolve the complaint.

3. Have any participants voluntarily withdrawn from the research since the last IRB review? (do not include participants whose participation was discontinued by the investigator because of unanticipated problems).

If YES, Please list and describe each withdrawal and any actions taken in response to the withdrawal(s).

E. PRINCIPAL INVESTIGATOR’S (or Advisor’s) ASSURANCE

I have followed all applicable federal regulations, guidance, state and local laws, and university policies related to the protection of human subjects in research, as well as professional practice standards and generally accepted good research practices for investigators.

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

_____	_____	_____	_____
Principal Investigator/Faculty Advisor	Date	Co-investigator/Student Investigator	Date
_____	_____	_____	_____
Co-investigator/Student Investigator	Date	Co-investigator/Student Investigator	Date
_____	_____	_____	_____
Co-investigator/Student Investigator	Date	Co-investigator/Student Investigator	Date
_____	_____	_____	_____
Co-investigator/Student Investigator	Date	Co-investigator/Student Investigator	Date

All subject CONSENT FORMS are to be submitted with this document.

**Please complete and return form to: **Institutional Review Board
Office of the Provost
Room 124 Massie Hall**