

END OF PROJECT REPORT FOR
RESEARCH INVOLVING THE USE OF HUMAN
SUBJECTS

Complete the following information and submit one copy to the IRB chairperson.

Project Title: _____

Name of contact person: _____ Dept. / Program: _____

Address: _____ Phone: _____

Project dates: from ___/___/___ to ___/___/___

This is to verify that the above named research involving the use of human subjects was performed according to the procedures approved by the IRB. The research project is now complete.

A total of _____ subjects participated in this research project. _____ subjects voluntarily withdrew from the research project. _____ subjects experienced complications, adverse reactions, or injuries resulting from participation in the research project. All records for this project will be maintained for 3 years by the researcher or faculty research advisor and will be accessible if review of the data is necessary. If the faculty member is no longer at MWCC, the Department/Program will maintain the records.

Primary researcher's printed name

Department/Program

Primary researcher's signature

Date

For Student Research:

Faculty research advisor's printed name

Department/Program

Faculty research advisor's signature

Date

Committee use only:

Date received by IRB: _____

IRB project number: _____