**HARRISBURG UNIVERSITY**

**INSTITUTIONAL REVIEW BOARD**

**STUDY COMPLETION REPORT FORM**

**IRB File No.:** Click or tap here to enter text.

**Project Title:**Click or tap here to enter text.

**Principal Investigator:**Click or tap here to enter text.

**Email Address:**Click or tap here to enter text.

**Faculty Advisor:**Click or tap here to enter text.

**Email Address:**Click or tap here to enter text.

**Original Approval Date:**Click or tap to enter a date.

**This project has been completed.**

**FINAL REPORT:**

1. Was there any deviation from the originally anticipated risks

and/or benefits of the study?  Yes  No

2. Did any adverse events or unanticipated problems involving

risks to the subjects or others occur?  Yes  No

3. Did any subjects withdraw or did you exclude anyone from

the study?  Yes  No

4. Did any subjects express discomfort or other concerns

or complain about the research?  Yes  No

5. Did any subjects participate in the study without signing a

consent form?  Yes  No

6. To the best of your knowledge, are there any long-term

risks to the subjects that were not previously identified

or anticipated?  Yes  No

*If you answered “YES” to any of the above questions, please attach a detailed explanation, including actions taken to reduce the risks or discomforts to subjects and/or to communicate new findings or knowledge to subjects.*

*(****NOTE:*** *Per Federal guidelines, future analysis of data from this study to address additional research questions will require a new IRB application.)*

**CERTIFICATIONS**: I certify that the approved protocol and the approved method for obtaining informed consent, if applicable, have been followed during the period covered by this report. I agree, for IRB purposes, to maintain documentation of consent forms and other research notes for at least three years after completion of the research.

*Faculty members are responsible for maintaining files of student research for which they served as advisors.*

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**Signature of Principal Investigator Date**

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**Signature of Faculty Advisor Date**

Submit to: [**IRB@HarrisburgU.edu**](mailto:IRB@HarrisburgU.edu)