**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**