METHODIST UNIVERSITY INSTITUTIONAL REVIEW BOARD for RESEARCH INVOLVING HUMAN SUBJECTS

FINAL REPORT
FULL BOARD OR EXPEDITED

For Information or help completing this form, contact: **THE INSTITUTIONAL REVIEW BOARD**, 120 McLean Health Sciences
Phone: 910-480-8494 **e-mail:** irb@methodist.edu **Web Address:** http://www.methodist.edu/irb

Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Hand written forms will not be accepted.

1. **Protocol Number:** _____ 2. **Actual Study Dates: From:** _____ **To:** _____

3. **Project Title:** _____

_____

4. _____ _____ _____ _____ _____
Principal Investigator **Title** **Department** **Phone** **MU e-mail** (primary)

5. _____ _____ _____
PI Signature **Mailing Address** **Alternate e-mail**

_____ _____ _____ _____ _____
Faculty Advisor **FA Signature** **Department** **Phone** **MU e-mail**

Name of Current Dept. Head: _____

6. **Current External Funding Agency** (*if any*)**:** _____

7. **Other Universities or IRB approvals associated with this project:**

_____

8. **If this study been published and/or presented, please list where.**

9. **How did your *results* meet your study goals? Briefly *summarize your findings*.**

10. **Briefly *describe how you conducted your study* (recruitment, consenting, data collection, etc.)**

FOR IRB OFFICE USE ONLY

DATE RECEIVED IN IRB: _____ by _____ COMMENTS: _____
DATE OF REVIEW: _____ by _____ _____
DATE OF CLOSURE _____ by _____

11. If the study used existing data, approximately how many files or records were accessed? _____
(*If you used existing data, go to Question #15. Otherwise, the remaining questions do not apply.*)

12. How many human subjects participated in the study? _____

13. How many participants withdrew from the study? _____
If participants WITHDREW from the study, please explain.

14. Were there any unanticipated difficulties or adverse effects to the participants? ☐ NO ☐ YES
If YES, please describe.

15. Were there any unanticipated benefits to participants or others resulting from this study? ☐ NO ☐ YES
If YES, please describe.

16. Were identifiable data collected? ☐NO ☐YES (If no, go to Question #17)
a. If YES, has it been destroyed? ☐NO ☐YES (If yes, go to Question #17)
b. If NO (data exists), has the data been de-identified? ☐NO ☐YES (If yes, go to Question #17)
(Identifiable data includes names, code lists, videotapes, personally identifying information…,but does not include signed consents.)
c. If identifiable data is retained, please provide explanation (e.g. permission received to retain photographs for publication).

- If participants' and IRB's permission was given to retain identifiable data indefinitely, a final report can be used to close your file.
- If you retain identifiable data that will be destroyed later, a "Request for Renewal" must be submitted for this project before the expiration date. Unidentifiable data (e.g., data rendered anonymous by the destruction of written or electronic code lists) may be retained indefinitely by the investigator.

17. a. If signed Consent Forms were required, where will they be maintained until destruction?
(*Consent forms signed by participants/parents/others providing permission or consent for participation must be kept securely on campus for 3 years after projects ends.)*

b. By what date and by what method will signed Consent forms be destroyed?

18. Attach a copy of all "stamped" IRB-approved documents used during the previous year.
(Information letters, Informed Consents, Parental Permissions, flyers etc.).
(Do not send consents actually signed by participants!)