

**State University of New York, Canton College of Technology
Institutional Review Board**

Final Report Form for Research Involving Human Subjects

Please TYPE all information – handwritten forms will not be accepted. Print and mail with original signatures. Keep a copy for your files.

Please complete and submit this form, along with a brief summary of research results and explanation of any adverse events. If this project was funded you may submit the abstract from your final report to the funding agency in place of the summary. Upon receipt of this form, your IRB file for this protocol will be closed.

Title of Research Project:
IRB Application Number:
Date project was completed:
Number of subjects accrued:
Principal Investigator:
Office Phone:
Department/Zip:
Email:
Faculty Advisor (if student):
Advisor Dept.:

1. Please summarize on an attached page the results of the research.
2. Please describe the following:
 - a. Any adverse events or problems encountered during the project which elevated the risk to participants. (Please make certain adverse events are reported WHEN they happen.)
None: _____ See attached page: _____
 - b. Any withdrawal of subjects from the research:
None: _____ See attached page: _____
 - c. Any complaints received about the research:
None: _____ See attached page: _____
3. Any conflicts of interest to report:
None: _____ See attached page: _____

I certify that the above information is accurate and complete:

Signature of Researcher: _____ Date: _____

Signature of faculty advisor (if applicable): _____ Date: _____

IRB Acceptance of Report: _____ Date _____