



Date
Protocol Number

IMPORTANT: Please use Internet Explorer to complete this form; OR, if using another web browser, save the blank form to your documents FIRST, then complete the form using your saved copy.

Institutional Review Board Closure Report

Principal Investigator

Title of Study or QI project

Please complete the following questions regarding your research study or quality improvement project since the last summary you submitted. If this is the first protocol summary about this project, please include information about your entire sample.

1. Number of subjects accrued:

Caucasian	<input type="text"/>	Asian or Pacific Islander	<input type="text"/>	Male	<input type="text"/>
African-American	<input type="text"/>	Other	<input type="text"/>	Female	<input type="text"/>
Native American	<input type="text"/>				

2. Number of vulnerable subjects accrued

Pregnant women	<input type="text"/>	Economically disadvantaged	<input type="text"/>
Incarcerated persons	<input type="text"/>	Educationally disadvantaged	<input type="text"/>
Mentally disabled	<input type="text"/>	Students in your courses	<input type="text"/>
Children	<input type="text"/>	Students who are your academic advisees/mentors	<input type="text"/>

3. Unanticipated problems or adverse events. If (1) severe, (2) related to your study, and (3) unanticipated, complete the [Adverse Events Reporting](#) form.

No unanticipated problems or adverse events occurred

Adverse events occurred at expected rate, as described in original or amended protocol application

Unanticipated adverse events occurred Date Adverse Event form filed with IRB

See next page

4. How many subjects withdrew from the study/project?

4a. Please describe the reasons why the subjects withdrew.

5. Provide a brief paragraph describing your results.

See next page

6. Signature

Title

Name

Title of Project

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Date

Signature (in blue ink)

7. A printed copy of the signature page must be mailed to Barbara Kirby at 51 W. College. St., Waynesburg, PA 15370. You can print using the button below. Then, save and send this form as an e-mail attachment to bkirby@waynesburg.edu