



Your dreams. Our mission.

FINAL REPORT

Original Protocol #: _____

Instructions:

Upon completion of your study (i.e. data collection and analysis) please complete this form and include a one-page summary addressing the areas listed at the bottom of this form.

DATE: _____

PRINCIPAL INVESTIGATOR: _____ Title _____

DEPARTMENT: _____ Phone _____

STUDY COORDINATOR (if applicable): _____ Phone _____

PROTOCOL TITLE: _____

(Provide the exact title given in the original Human Subjects Application)

Approval date: _____

Expiration Date: _____

Status of the Project (Check one.)

Completed (date study was completed : _____)

Never started / No need to renew (Check if not funded.)

Please append a single-page summary of the results of your study. Narrative, should address each of the following items:

- Briefly summarize how the study was conducted. Indicate whether the protocol was conducted as **approved by the IRB and address any changes**. Also include; the total number of participants compared to the expected, those who declined and withdrew from the study, including reasons for withdrawal.
- Please state whether any unanticipated problems involving risks to participants or others or adverse events surfaced and the manner in which they were addressed.
- Please provide a brief summary of your research findings.



Your dreams. Our mission.

FINAL REPORT

Original Protocol #: _____

Return the completed report and the current protocol to the:

**IRB Administrator
MassBay Community College
Office of Institutional Research, Planning & Assessment
Rm. #430
Wellesley Hills, MA 02481
781-239-3160
Or e-mail us at institutional.research@massbay.edu**

Signature of Principal Investigator: _____ Date: _____

For IRB use only:

Approved: _____
Requires Modifications: _____

Reviewer's Signature: _____ **Date:** _____