

**THE UNIVERSITY OF AKRON INSTITUTIONAL REVIEW BOARD
FINAL REPORT FORM FOR RESEARCH INVOLVING HUMAN SUBJECTS**

Please complete and electronically submit this form, along with a brief summary of research results and explanation of any adverse events to irb@uakron.edu. Upon receipt of this form, your IRB file for this protocol will be closed. Please keep a copy for your records. If you have any questions, please contact the IRB via email at irb@uakron.edu or at 330-972-7666.

IRB Application Number:	Date project was completed:	Number of subjects accrued:
Title of Research Project:		
Principal Investigator Name:		Telephone:
PI Department:	Dept +4 Zip:	Email:

If Principal Investigator is a student, fill in the following:

Faculty Advisor:	Advisor Dept:
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1. Please summarize on an attached page the results of the research. If this project was funded you may submit the abstract from your final report to the funding agency in place of the summary.
2. Please describe on an attached page any adverse events or problems encountered during the project which elevated the risk to participants. (Adverse events are to be reported WHEN they happen.)

None	See attached page
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3. Explain any withdrawal of subjects from the research:

None	See attached page
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4. Describe any complaints received about the research:

None	See attached page
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5. Are there any conflicts of interest to report:

No	See attached page
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6. Please check the appropriate box below. **NOTE:** If analysis of identifiable data is still ongoing, the project must remain open and a continuation application must be submitted.

Remaining study activity is limited to analysis of data that have been stripped of all direct and indirect identifiers.

Please provide the date that all identifiers were stripped: _____

All research activities are complete, including data analysis.

I certify that the above information is accurate and complete:

Signature of Researcher: _____ Date: _____

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

FOR IRB USE ONLY: Acceptance of Report: _____ Date: _____