

IRB Final Report Form

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Date: / /

(MM/DD/YYYY)

Please submit this form to the IRB Office *only if you have completed data analysis of a study*. **Please <u>type</u>** this form, attach to the completed "IRB Notification of Protocol Change of Status" form and submit the packet to the IRB Office.

A. PROTOCOL INFORMATION

IRB Protocol ID: -

Title of Study:

Principal Investigator (PI):

Mailing Address:

City: State:

B. <u>SUBJECTS RECRUITMENT</u>

Number of subjects enrolled since the initial approval

Approximately how many potential subjects have refused participation?

ZIP:

How many subjects have voluntarily withdrawn participation at their own request?

How many subjects have withdrawn participation at the request of the PI?

If applicable, on a separate sheet, provide a summary of any difficulty obtaining / retaining subjects or obtaining informed consent during the entire approval period.

C. ADVERSE EVENTS

Have there been any serious adverse events or unexpected reactions or complications that occurred during the course of the study? Yes \square No \square *If yes, provide a summary.*

D. NEW FINDINGS

Have there been any significant new findings (either good or bad) that should be disclosed to subjects that have participated in the study? Yes \square No \square *If yes, provide a summary.*

E. PROGRESS REPORT

Provide a brief summary of research results.

Principal Investigator

Date