

CLOUD COUNTY COMMUNITY COLLEGE  
INSTITUTIONAL REVIEW BOARD  
FINAL RESEARCH REPORT

IRB Protocol Number \_\_\_\_\_

Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Contact information: \_\_\_\_\_

1. Please select ALL that apply

Research was completed as planned

Research was never initiated.

No research participants were ever enrolled

Research was discontinued – there will be no further collection or analysis of data.

Explain:

Principal Investigator is no longer at the college

Other, specify:

2. Report the total number of participants and whether all signed the informed consent form

3. Were there any unexpected adverse events and/or unanticipated problems experienced by participants? If so, explain.

4. Explain what will happen to the identifiable/coded data, if any, at the end of the study.

5. Will the results of your research be presented and/or published? If so, give details and provide a copy. If your research will not be presented or published, provide a summary of the research results.

PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received \_\_\_\_\_ Closed: \_\_\_\_\_

IRB Chair: \_\_\_\_\_