COMPLETED RESEARCH FORM

*A Completed Research Form must be submitted to the IRB in order for proper documentation and record keeping to be maintained according to federal regulations. You can type your answers on this form, and the lines will expand to fit additional text as needed.*

This form must be submitted when any of the following conditions are met. Please check the appropriate condition:

**Data collection AND data analysis complete** – All subjects have completed participation (including all follow-up activities), **and** data analysis is complete.

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| Date Completed: |  |  |

**My Utica University affiliation has ended**

|  |  |  |
| --- | --- | --- |
| Date Affiliation Ended: |  |  |

**This research was never conducted and the IRB approval is no longer needed**

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| **IRB Number:** |  | | |  | | | | | |
| Title of Research: | | |  | | | | | | |
| Principal Investigator’s Name: | | | | | |  | | | |
| E-mail Address: | |  | | | | | Preferred Phone Number: | |  |
| Co-Investigator Name(s): | | | | |  | | | | |
| Faculty Research Advisor/Chair (if applicable): | | | | | | |  | | |
| How many subjects completed participation in the study?: | | | | | | | |  | |

Did the research involve minors (less than 18 years old)?  YES  NO

Was there any harm (physical, psychological, social, financial, legal, or other) experienced by subjects or any complaints received during the last approval period?  YES  NO

*If yes, an Unanticipated Problem Report Form must be submitted to the IRB.*

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| Please provide a brief summary of the findings in the box below: |
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| --- | --- | --- | --- |
| Submitted By: |  | Date Submitted: |  |

***Submit this completed form to the Utica University IRB at irb@utica.edu.***