

**Institutional Review Board  
Final Report Form**

**Instructions**

- All completed research projects must submit a final report to the IRB Chair at: lrubin@northshore.edu
- Complete all questions. Indicate N/A if the question is not applicable.

**Project information**

Date

IRB Approval No.

Principal Investigator Name

Title of Research Project

Initial IRB Approval Date

Last Annual Review Date

Research Completion Date

1. How many subjects have participated in this research project?

2. Have you conducted your project as originally approved by the IRB?

Yes

No

N/A

If no, explain:

3. Describe the effects of your project on those subjects who have participated. Note any unexpected or undesirable effects.

4. Have any subjects complained or raised any questions about the desirability of the procedures, or seemed reluctant to participate?

Yes

No

N/A

If yes or N/A, explain:

5. Copies of signed Informed Consent Forms of all subjects participating in the research are on file and will be available to the IRB upon request.

Yes

No

N/A

If no, explain:

I will ensure that materials kept on file for this project that link subject identifiers with research-related information collected from subjects will be destroyed by the date of \_\_\_\_\_ to protect the confidentiality of the research participants.

OR

I need to maintain data with identifiers because:

These links will be maintained until the date of \_\_\_\_\_ under secure conditions and any subsequent use of these data will not proceed until a new a new IRB approval has been obtained here or at any future institution where I may reside.

I certify the accuracy of the information provided and that I have abided by North Shore Community College policies and procedures governing research with human subjects.

Principal Investigator:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date