**RANDOLPH COLLEGE**

**END OF PROJECT REPORT FORM**

**RESEARCH INVOLVING THE USE OF HUMAN SUBJECTS**

Complete the following information and submit it to the Chair of the Institutional Review Board.

Project Number:

Project Title:

Name of Primary Researcher:

Department/Program:

Phone:

Project dates: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to verify that the above named research involving the use of human participants was

performed according to the procedures approved by the IRB. The research project is now

complete. There were a total of \_\_\_\_\_\_\_\_\_ participants in this research project. \_\_\_\_\_\_\_\_\_ participants voluntarily withdrew from the research project. \_\_\_\_\_\_\_\_\_ participants experienced

complications, adverse reactions, or injuries resulting from participation in the research project.

All records for this project will be maintained for 3 years by the researcher or faculty research

advisor and will be accessible if review of the data is necessary. If the faculty member is no

longer at Randolph College, or if the research was conducted by an adjunct faculty member, the Department/Program will maintain the proposal and IRB related correspondence.

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Primary Investigator's Printed Name Department/Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Investigator’s Signature Date

**For Student Research:**

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Faculty Advisor's Signature Date

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**Committee Use Only**:

Date received by IRB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_