



Final Report and Termination Form

It is the policy of College of the Holy Cross that all investigators submit a Final Report and Termination Form for each IRB protocol—regardless of review level—within a timely manner coinciding with the conclusion of their research project.

Date of most recent approval:

Project Title: _____

Principal Investigator: _____ Dept: _____ Phone: _____ E-mail: _____

*Student Researcher: _____ Year: Select One Phone: _____ E-mail: _____

*For student-initiated research only

Co-investigators: _____

Dates of Research Project: IRB Approval date: _____ Project Termination Date: _____

1. Adverse Events

Yes No Did you report any adverse events to the IRB during the course of this study? If yes, how many? _____

2. Conclusions of Study

Please provide a short narrative summarizing the findings of your study. Please include comments on any adverse events that occurred and the significance they had for your study. (Attach additional sheets as necessary.)

[Large empty box for narrative summary]

3. Signatures

By signing this form I certify that:

- The information provided on this form is true, complete, and accurate;
I/we complied with and abided by all relevant Federal guidelines and College of the Holy Cross policies relating to this project;
I/we have completed all recruitment, data collection, data analysis, and are not continuing to seek funding for this project. Research related to this protocol will no longer be performed, as this protocol will be closed on the date indicated on this form.

Principal Investigator: _____

Date: _____

Student Researcher: _____

Date: _____