

**VITERBO UNIVERSITY
END OF PROJECT REPORT FOR
RESEARCH INVOLVING HUMAN PARTICIPANTS
(NOT REQUIRED FOR EXEMPT PROJECTS)**

Complete the following information and submit one copy to the IRB.

Project title: _____

Name of primary researcher: _____ Dept/Program: _____
(contact)

Campus address: _____ Phone: _____

Project dates: from ____/____/____/ to ____/____/____/

This is to verify that the above named research involving human participants was performed according to the procedures approved by the IRB. The research project is now complete.

A total of _____ participants participated 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 VU, the Department/Program will maintain the records.

Primary researcher's printed name

Department/Program

Primary researcher's signature

Date

For student research:

Faculty research advisor's printed name

Department/Program

Faculty research advisor's signature

Date

Committee use only:

Date received by IRB _____ IRB project number _____