



Institutional Review Board (IRB)
 Arizona College of Nursing
 2510 W Dunlap Ave, Suite 290
 Phoenix, AZ 85021

Final Report Form

PI Name:

Reviewer Name:

Protocol Number:

Date:

Project Title:

Initial Approval Level: Full Expedited Exempt

Form Submission

This form should be completed and submitted to irb@arizonacollege.edu for the following:

1. IRB approval for the research protocol has lapsed
2. The IRB approved the research protocol, but the study was never initiated
3. The Principal Investigator(s) voluntarily want to close the study

Reason for submission of Final Report form (Select all that apply.)

- Project was not initiated (skip to assurance signature section)
- Project was initiated, but there were no participants enrolled or data collected (skip to assurance signature section)
- Project is complete
- Project has been terminated
- Principal investigator is leaving or has left Arizona College

Participant Summary

Number of participants that enrolled in the research study	
Number of participants that completed the research study	
Number of participants that declined to participate in the research study	

Provide rationale for participants that declined participation, if applicable	
Summary of Participant Complaints and Adverse Events	
Have and participants or their legally authorized representatives made complaints about the research since initial or last approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a summary of the complaints and resolutions in the box below.	
Has the Principal Investigator been made aware of any unanticipated problems or adverse events that pose increased risk to participants since initial or last protocol approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide a summary of the unanticipated problems or adverse events and the outcome in the box below.	

Assurances
I certify that the information provided in the Final Report form is complete and accurate to the best of my ability. As the Principal Investigator, I understand that I am responsible for protecting the rights and welfare of human subjects enrolled in the approved research study. By signing this form, I attest that I have complied will all Arizona College, state, and local laws related to the ethical conduct of research.

Principal Investigator's Signature: _____ Date _____