



Institutional Review Board Final Report Form

Instructions

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

Project information

Date _____

File No. _____

Principal Investigator Name and Department _____

Title of Research Project _____

Initial MCC 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 (insert date)_____ to protect the confidentiality of the research participants.

OR

I need to maintain data with identifiers because _____. These links will be maintained until (insert date)_____ 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 Middlesex Community College policies and procedures governing research with human subjects.

PI Printed name

PI Signature

Date

Check here if submitted electronically from your email account.