



**INSTITUTIONAL REVIEW BOARD  
STUDY COMPLETION FORM**

**Project Title:**

**Investigator:**

**Email Address:**

**Faculty Advisor (if applicable):**

**Email Address:**

**Original Approval Date:**

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**I CERTIFY THAT THE ABOVE PROJECT IS NOW COMPLETE**

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**FINAL REPORT:**

1. Did the subjects withdraw or did you exclude anyone from the study?  Yes  No
2. Did any subjects express discomfort or other concerns or complain about the research?  
 Yes  No
3. To the best of your knowledge, are there any long-term risks to the subjects that were not previously identified or anticipated?  Yes  No

If you answered "YES" to any of the above questions, please attach a detailed explanation, including actions taken to reduce the risks or discomfort to subjects and/or to communicate new findings or knowledge to subjects.

(NOTE: Per Federal Guidelines, future analysis of data from this study to address additional research questions will require a new IRB application.)