Approval Date:

For IRB Use Only

File Number:

**Final Report**

**University of North Texas Institutional Review Board**

**Filling Out and Saving the Form**

Save this file as a Word document on your computer, answer all questions completely within Word, and submit it along with all supplemental documents to the IRB Office as described on page 3.

***For Mac Users: To select your response for each check box, click on the appropriate check box and then hit the space bar to place an “X” in the box to indicate your answer.***

Please type in the blue fields and use a font size of 11.

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| **1. IRB Number:** |
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| **2. Title of Study** |
| Must be identical to the title of any related internal or external grant proposal. |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Investigator (or Supervising Investigator for Student Studies)** | | | | | | | | |
| First Name |  | | Last Name | | | Email Address | |  |
|  | |  | |  |  | |  | |
|  | | | |  | | |  | |
| UNT Department | | | UNT Building & Room Number | | | Office Phone Number | | |
|  | |  | |  |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Student Investigator (if applicable, for student studies such as theses and dissertations)** | | | | | | | |
| First Name | | Last Name | | | | E-mail Address | |
|  |  |  | | |  | |  |
|  | |  | | | |  | |
| UNT Department | |  | | Degree Program | | | |
|  | | |  |  | | | |

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| **5. Study Beginning and End Dates** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Date Last Approved by IRB | | | |  | | |  | |  | | |  | |  |  | | |  | | | Project Beginning Date |  | | Anticipated Project End Date | | | |  | |  |  | | | |

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| **6. Subject Recruitment** |
| |  |  |  |  | | --- | --- | --- | --- | | Total number of subjects projected for this study | | Total number of subjects enrolled in study | | |  |  |  |  | |  |  |  | | |
| **7. Please describe the gender and racial/ethnic composition of the study subjects.** |
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|  |
| **8. Do you have a signed consent form for every subject that participated in your study? (If your study involved a waiver of signed informed consent, please describe briefly how the informed consent process was conducted.)** |
| No – Please describe any problems you had obtaining informed consent.  Yes |
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| **9. Did any adverse events, such as an injury or an unanticipated psychological reaction, occur during your approval period?** |
| No  Yes – Please describe the adverse event(s) and how the event(s) was resolved. |
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| **10. Reason for closing the study:** |
| Data collection has ceased and there is no ongoing analysis of identifiable data  The study is being withdrawn; the study was never initiated, no subjects have been enrolled, or the study will not be  conducted.  Please Explain: |
|  |
| The study is being terminated due to insufficient enrollment    Please Explain: |
|  |

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| **11. List publications, programs, public events, or other forms of dissemination that resulted from this research to date.** |
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**Investigator or Supervising Assurance:**

By checking this box and e-mailing this Final Report Form to the UNT IRB from my UNT e-mail account, I am certifying

that the information provided for this project is complete and correct.. No further data collection or analysis of identifiable

data associated with this study will be collected.

**Submission of your Final Report**

Please e-mail the form (including a copy of the informed consent form currently in use) to [untirb@unt.edu](mailto:untirb@unt.edu). Please insert “Final Report” in the subject line of your email.

**If you have questions about your Final Report, please contact The Office of Research Integrity and Compliance at (940) 565-3940 or** [**untirb@unt.edu**](mailto:untirb@unt.edu)**.**