**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.

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 submitting a Closure in Cayuse Human Ethics, 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 attach this form to your Closure submission within Cayuse Human Ethics. If you have questions about how to close this project, please visit our [webpage](https://research.unt.edu/research-services/research-integrity-and-compliance/human-subjects-irb/irb-protocol-submission/) or email [untirb@unt.edu](mailto:untirb@unt.edu) .

**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)**.**