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** |
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| --- | --- |
| Date Last Approved by IRB |  |
|  |  |  |
|  |  |  |
| Project Beginning Date |  | Anticipated Project End Date |
|  |  |  |

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| **6. Subject Recruitment** |
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| --- | --- |
| Total number of subjects projected for this study | Total number of subjects enrolled in study |
|  |  |  |  |
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| **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.** |
|  |

**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. 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****.**