**Instructions**: The Marian IRB requires the completion and submission of this form to the Marian IRB ([orsp@marianuniversity.edu](mailto:orsp@marianuniversity.edu)). Incomplete forms will delay the IRB review process and may be returned to you. Enter your information in the shaded boxes; the boxes will expand as you type.

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| **Section A: General Information** | | | |
| **1. Principal Investigator** |  | **Department** |  |
| **Email Address** |  | **Telephone** |  |
| **2. Co-Investigator or Research Advisor (if applicable)** |  | **Department** |  |
| **Email Address** |  | **Telephone** |  |
| **3. Study Title** |  | | |
| **IRB Approval File Code** | *(from your approval email)* | | |
| **Dates of Project** (mm/dd/yy) | **Start Date:** | **End Date:** | |

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| **Section B: Study Results** | |
| **1. Summarize the results achieved in your study (300 words or less).**  Include a description of any adverse events or unanticipated problems involving risks to participants or others, withdrawal of participants from research, or complaints about the research; a summary of any recent literature, findings, or other relevant information, especially information about risks associated with the research. | |
| **2.** Have any articles been published using the results of this study? |  |
| **3.** Are any articles or manuscripts currently in development or have any been recently submitted? |  |
| **4.** What was the total number of participants enrolled?  What was the total number of participants completing the project? |  |
| **5.** Did any **Adverse Events** occur?  If yes, how many?  Were all Adverse Events reported to the IRB? |  |

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| **Section C: IRB Action Desired (Please Check Only One)** | |
| **Close This Protocol** | Rationale: Please check all applicable reasons for your protocol completion/termination.  Data collection completed, project goals reached  Thesis/dissertation/research paper written using collected data  Student is graduating/has graduated  Funding not received to complete data collection  Other (please explain): |
| **Extend IRB Approval**  Note: Investigators may request/receive only one renewal to extend the project by one year. | Extension Rationale: Please check all applicable reasons for your protocol continuation/extension.  Research ongoing with new participants  Research ongoing with no new participants – follow up only  Research ongoing with no changes  Research project has not yet started  Other (please explain):  Have you made any changes to the research project as approved by the IRB?  (if yes, provide a description in Section B, Question 1) |

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| **Investigator Assurances**   1. I certify that the information provided in this report is accurate and complete. 2. I certify that, as of today’s date, data collection with human participants is no longer taking place for this project. 3. I certify that my research project was conducted in accordance with my written protocol as approved by the IRB. 4. I understand that filing the final report with the IRB means that my research protocol will be closed and that I will be required to submit a new application for IRB review prior to resuming any activity involving human subjects. 5. I agree to maintain all records related to this project for at least three years after completion of the research project. 6. I certify that all research adhered to the policies and procedures of Marian University IRB, the published guidelines for the ethical conduct of research in my field of inquiry, and the applicable local, state and federal regulations regarding the protection of human participants in research. | | |
| **PRINCIPAL INVESTIGATOR**  Student Principal Investigators are required to submit this form electronically to their research advisor for final signoff. Non-student Marian Principal Investigators must submit an electronic version as well as a signed copy of this form to the ORSP. | | |
| Typed Name: | Signature:  Click here if submitted electronically | Date: |
| RESEARCH ADVISOR’s Assurances (mARIAN fACULTY OR sTAFF)\*\*Research advisors may submit this electronically from their Marian University email address to the ORSP (substitutes for handwritten signature). | | |
| Typed Name: | Signature:  Click here if submitted electronically | Date: |

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| ORSP USE ONLY: |