



# Cape Cod Community College

## IRB Final Report Form

### INSTRUCTIONS:

- All completed research projects must submit a final report to the IRB Chair at [IRB@capecod.edu](mailto:IRB@capecod.edu)
- Complete all questions. Indicate N/A if the question is not applicable.

### Final Report Project Information:

Title of Research Project:		File Number:	
Principal Investigator/Project Director	Department	Phone Ext.	Email Address
Initial CCC IRB Approval Date:		Last Annual Review Date:	

### Research Completion Data:

How many subjects participated in this research project?	
Have you conducted your projects as originally approved by the IRB?	If no, please explain:
Yes          No	
Describe the effects of your project on those subjects who have participated. Note any unexpected or undesirable effects.	
Have any subjects complained or raised any questions about the desirability of the procedures, or seemed reluctant to participate?	If yes, please explain:
Yes          No	
Copies of signed Informed Consent forms of all subjects participating in the research are on file and will be available to the IRB upon request.	If no, please explain:
Yes          No	

### Subject Safety:

I will ensure that materials kept on file for this project that link subject identifiers with research-related information collected from subjects will be destroyed by \_\_\_\_\_ to protect the confidentiality of the research participants.

OR

I need to maintain data with identifiers because:

These links will be maintained until \_\_\_\_\_ under secure conditions and any subsequent use of these data will not proceed until a new IRB approval has been obtained here, or at any future institution where I may reside.

**PI Assurances:**

I certify the accuracy of the information provided, and I agree to abide by Cape Cod Community College policies and procedures governing research with human subjects. This form has been submitted electronically.

**Signature**

**Date**