FINAL REPORT FORM

SUBMISSION INSTRUCTIONS

Please complete the Final Report Form only if you have completed data analysis of a study.

**Please type** this form and submit to the IRB office electronically (esc-irb@email.laccd.edu).

LACCD IRB

770 Wilshire Boulevard

Los Angeles, CA 90017

esc-irb@email.laccd.edu

FINAL REPORT FORM

SECTION I | PROTOCOL INFORMATION

1. **Date of Submission:** Click here to enter a date.
2. **IRB Protocol Identification Number:** XXXX - XX - XXX
3. **Title of Study:** Click here to enter title.
4. **Campus:** Choose LACCD Campus:
5. **Principal Investigator (PI):**

|  |
| --- |
| **Name:**Click here to enter text. |
| **Mailing Address:**Click here to enter text.Click here to enter text. |
|
|
| **City:** Click here to enter text. |
| **State:** State | **Zip:** ZIP\_CODE |
| **Phone Number:** (XXX) XXX- XXXX | **Extension:** XXXXX |

SECTION II | SUBJECT RECRUITMENT

1. **Number of subjects enrolled since the initial approval?** XXXX
2. **Approximately how many potential subjects have refused participation?** XXXX
3. **How many subjects have voluntarily withdrawn participation at their own request?** XXXX
4. **How many subjects have withdrawn participation at the request of the PI?** XXXX

**If applicable, provide a summary of any difficulty obtaining / retaining subjects or obtaining informed consent during the entire approval period.**

Click here to enter text.

SECTION III | ADVERSE EVENTS

**Have there been any serious adverse events or unexpected reactions or complications that occurred during the course of the study?**

[ ]  Yes [ ]  No

**If yes, provide a summary:**

Click here to enter text.

SECTION IV | NEW FINDINGS

**Have there been any significant new findings (either good or bad) that should be disclosed to subjects that have participated in the study?**

[ ]  Yes [ ]  No

**If yes, provide a summary:**

Click here to enter text.

SECTION V | PROGRESS REPORT

**Provide a brief summary of research results.**

Click here to enter text.

**Signature of PI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_