

**Concordia College, Moorhead, MN
Institutional Review Board**

FINAL REPORT FORM

Please complete this form and send the correct number of copies of the required materials to the CC IRB Chair.

Title of Study: _____

Principal Investigator: _____ **IRB Protocol #:** _____

Attach a report including the following cumulative information:

- 1. the total number of subjects who enrolled in the study**
- 2. the number of subjects who withdrew prematurely and the reasons for their withdrawal**
- 3. a summary of any adverse events and/or unanticipated problems involving risks to subjects or others**
- 4. a list of complaints, if any, about the research**
- 5. a summary of any modifications to the research**
- 6. any other relevant information**

Signature of Principal Investigator

Date

FOR CC IRB USE ONLY:

This report was reviewed and accepted by the Concordia College Institutional Review Board on:
_____, as certified by _____.