## Protocol Completion/Termination Report

### Institutional Review Board (IRB)
Chicago State University

<table>
<thead>
<tr>
<th>Principal Investigator:</th>
<th>IRB Protocol #:</th>
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<td>Email Address:</td>
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<td>Phone Number:</td>
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<td>CSU Extension:</td>
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### Project Title:

### Protocol Results:

1. Provide a brief description of the results obtained by this study (use additional pages as needed):

2. Have any articles been published using the results of this study?  Yes  No

3. Number of articles/manuscripts submitted or in development:

4. Total number of subjects enrolled in study:
   - Total number of subjects completing study:

5. Did any adverse events (AE) occur?  Yes  No
   - If yes, how many?  
   - Were all adverse events (AE’s) reported?  Yes  No

6. Please check any/all reasons applicable for protocol completion/termination request (check at least one):
   - PI completed goals of study
   - Protocol did not receive funding
   - PI or co-PI no longer resides at institution
   - Student PI has graduated
   - Data analysis continuing; no further contact with study participants
   - Investigator lost interest in pursuing study
   - Protocol closed due to adverse event
   - Other:

### PI Certification:

I certify, as of the date below, human subjects are no longer being studied, contacted or enrolled in the protocol listed above. Therefore, this protocol should be officially designated as completed/terminated by the CSU IRB.

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<th>Signature of Principal Investigator</th>
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<tr>
<th>Signature of Supervising Faculty Member</th>
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**FOR CSU IRB USE ONLY:**

Date Received: ______________