

**Protocol Completion/Termination Report
Institutional Review Board (IRB)
Chicago State University**

Principal Investigator: Email Address: Phone Number: CSU Extension:	IRB Protocol #:
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Project Title:

<p>Protocol Results:</p> <p>1. Provide a brief description of the results obtained by this study (use additional pages as needed):</p> <p>2. Have any articles been published using the results of this study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Number of articles/manuscripts submitted or in development:</p> <p>4. Total number of subjects enrolled in study: Total number of subjects completing study:</p> <p>5. Did any adverse events (AE) occur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ Were all adverse events (AE's) reported? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Please check any/all reasons applicable for protocol completion/termination request (check at least one):</p> <ul style="list-style-type: none"><input type="checkbox"/> PI completed goals of study<input type="checkbox"/> Protocol did not receive funding<input type="checkbox"/> PI or co-PI no longer resides at institution<input type="checkbox"/> Student PI has graduated<input type="checkbox"/> Data analysis continuing; no further contact with study participants<input type="checkbox"/> Investigator lost interest in pursuing study<input type="checkbox"/> Protocol closed due to adverse event<input type="checkbox"/> 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.		
_____ Signature of Principal Investigator	_____ Date	
_____ Signature of Supervising Faculty Member	_____ Department	_____ Date

FOR CSU IRB USE ONLY:

Date Received: _____