

**FINAL REPORT FOR RESEARCH
UCA IRB**

Upon completion of your research project, complete this form and return to: **Tina Pilgreen
Library 324**

IRB #: **Project Title:**

Investigator Name(s):

Research Advisor (if student research):

Department:

College:

Research Project:

Date research started: Date completed or stopped:
(if the research was not completed as planned, **please explain**):

Reason for research project (check one):
Faculty Research Graduate Thesis Undergraduate/Honors Thesis
Class Assignment Independent Study

Did you receive UCA Research Funds? Yes No
Outside financial support (e.g., grant money)? Yes No
(if **YES** to outside support, name the funding source):

Subject Information:

Total number of subjects that participated:
Was the data collected from: Records Only Subject Interaction
Age Category: 18 yrs. or older 13-17 years 6-12 years 5 yrs. and under
Were any subjects in protected categories? Yes No
(if **YES**, list):
Did any subject suffer any unanticipated or serious adverse event? Yes No
(If **YES**, explain on separate sheet and attach)

Signature:

I understand I received IRB approval for this project and time-frame. If I want to continue this project or a new project, I must reapply and receive IRB approval again.

Signature of Investigator **OR** Research Advisor

Date