

EAST STROUDSBURG UNIVERSITY INSTITUTIONAL REVIEW BOARD

**FINAL REPORT**

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1. Protocol Number: \_\_\_\_\_ 2. Actual Study Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

3. Project Title: \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Principal Investigator Title Department Phone ESU e-mail (primary)

5. \_\_\_\_\_  
PI Signature Mailing Address Alternate e-mail

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Faculty Advisor FA Signature Department Phone ESU e-mail

Name of Current Dept. Head: \_\_\_\_\_

6. Current External Funding Agency (if any): \_\_\_\_\_

7. Other Universities or IRB approvals associated with this project: \_\_\_\_\_  
\_\_\_\_\_

8. Briefly summarize the results of this research project.

9. If this study has been published and/or presented, please list where.

10. Briefly list (*numbered or bulleted*) the activities that occurred, particularly those that involved participants.

11. How many individuals participated in the study? \_\_\_\_\_  
If the study used existing data, approximately how many files or records were accessed? \_\_\_\_\_

(STOP HERE if you used existing data. But see #15 if applicable. The rest of the questions do not apply.)

12. How many participants withdrew from the study? \_\_\_\_\_ NOTE: if participants withdrew from the study please explain.

13. Were there any unanticipated difficulties or adverse effects to the participants? ☐ NO ☐ YES ( if yes, explain.)

14. Were there any unanticipated benefits to participants or others resulting from this study? ☐ NO ☐ YES (if yes, explain.)

15. If you collected identifiable data (ex: names, code lists, videotapes, personally identifying information...) has it been destroyed? ☐ NO (if no, please explain) ☐ YES ☐ N/A: Did not collect identifiable information  
If identifiable data is retained, please provide explanation (e.g. permission received to retain photographs for publication). If participants' and IRB's permission was given to retain identifiable data indefinitely, the final report can be used to close your file.

If data remains identifiable, a "Request for Renewal" must be submitted for this project before the designated expiration date. Unidentifiable data (e.g., data rendered anonymous by the destruction of written or electronic code lists) may be retained indefinitely by the investigator.

16. If signed Informed Consent Forms were required, where will they be maintained until destruction?  
(Signed Consent forms must be kept in a locked location on campus for 3 years following termination of the project.)

17. By what date and by what method will signed informed Consent forms be destroyed?

18. Please attach one copy of all IRB approved Information Letters and / or Informed Consents used for this study. (Do not sent consents actually signed by participants!)

When complete, submit one paper copy with signatures to the Chair of the IRB,  
247 Koehler Fieldhouse, East Stroudsburg University, PA 18301