**Eastern Illinois University**

**Institutional Review Board (IRB)**

**COMPLETION OF RESEARCH ACTIVITIES**

|  |  |
| --- | --- |
| IRB Number: |  |
| Title of Project: |  |
| **Investigator(s)** |
| Principal Investigator: |  | Status: | Choose an item. |
| Email: |  | Phone: |  |
| Department or Unit: |  |
| Co-Investigator:  |   | Status: |  Choose an item. |
| Email: |  | Phone: |  |
| Department or Unit: |  |
| If there is more than one Co-Investigator, complete the [Application for IRB Review Addendum: Additional Co-Investigators](https://www.eiu.edu/grants/Application%20for%20IRB%20Review%20Addendum%20Additional%20Co-Investigators.docx) and include it with this submission.  |
| **Project Information:** |
| Project begin date: |  | Project end date: |  |
| Total number of subjects enrolled in the study: |  |
| Number of subjects who formally voluntarily withdrew from study at their own request:  |  |
| Number of subjects who dropped out or did not finish the study: |  |
| Please identify any problems the participants may have encountered during the research study. How were the problems handled? |
|  |
| **ATTACH A SUMMARY OF THE COMPLETED RESEARCH (AN ABSTRACT IS SUFFICIENT).** |

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Principal Investigator’s Signature Date

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Faculty or EAP Staff Sponsor’s Signature Date

(required when the PI is a student)

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IRB Chair Signature Date