**AUBURN UNIVERSITY HUMAN RESEARCH PROTECTION PROGRAM (HRPP)**

**FINAL REPORT   
(Use for Full Board or Expedited Studies)**

For assistance, contact: **The Office of Research Compliance (ORC)**Phone: **334-844-5966** E-Mail: [**IRBAdmin@auburn.edu**](mailto:IRBAdmin@auburn.edu)  **Submit completed form and supporting materials as one PDF through the** [**IRB Submission Page**](https://aub.ie/irbsubmission)

**1. AU IRB Protocol Number:** Click or tap here to enter text. **2. Study Dates: From:** Click or tap to enter a date. **To:** Click or tap to enter a date.

**3. Project Title:** Click or tap here to enter text.

**4. Principal Investigator (PI):** Click or tap here to enter text. Degree(s): Click or tap here to enter text.Rank/Title: Choose Rank/TitleDepartment/School: Choose Department/School  
 Role/responsibilities in this project: Click or tap here to enter text.  
 Preferred Phone Number: Click or tap here to enter text.AU Email: Click or tap here to enter text.

**PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty PI (if applicable):** Click or tap here to enter text.Rank/Title: Choose Rank/TitleDepartment/School: Choose Department/School  
 Role/responsibilities in project: Click or tap here to enter text.  
 Preferred Phone Number: Click or tap here to enter text.AU Email: Click or tap here to enter text.

**Department Head:** Click or tap here to enter text. Department/School: Choose Department/School  
 Preferred Phone Number: Click or tap here to enter text.   
 Role/responsibilities in this project: Click or tap here to enter text.AU Email: Click or tap here to enter text.

**5. External Funding Agency** (if applicable)**:** Click or tap here to enter text.

**6. Other institution or IRB approvals associated with this project:** Click or tap here to enter text.

**7. If this study resulted in publication and/or presentation, describe.** Click or tap here to enter text.

**8. Describe how study results met study goals Summarize findings** Click or tap here to enter text.

**9. Describe how the study was conducted *(recruitment, consenting, data collection, etc.)***  
 Click or tap here to enter text.

**10. Did the study used existing data  YES  NO If YES, how many files or records were  
 accessed?** Click or tap here to enter text. **(If used existing data, go to Question #15 Otherwise, the remaining questions do not apply.)**

**11. How many participants were enrolled?** Click or tap here to enter text.

**12. Did participants withdraw from the study?  YES  NO  
 If YES provide the number of withdrawals and reason.**  
 Click or tap here to enter text.

**13. Did participants suffer unanticipated difficulties or adverse effects?  YES  NO  
 If YES explain.** Click or tap here to enter text.

**14. Were there any unanticipated benefits to participants or others resulting from this study?  YES  NO  
 If YES describe.** Click or tap here to enter text.

**15. Were identifiable data collected?  YES  NO** (If no, go to Question #17)**a. If YES has the data been destroyed?  YES  NO** (If yes, go to Question #17)  
 **b. If NO (data exists), has the data been de-identified?  YES  NO** (If yes, go to Question #17)  
 (Identifiable data includes names, code lists, videotapes, personally identifying information…but does not include   
 signed consents.)  
 **c.** **If identifiable data is retained explain** (e.g. permission received to retain photographs for publication)  
 - If participants’ and IRB’s permission was given to retain identifiable data indefinitely, a final report can be used to close your file.  
 - If identifiable data that will be destroyed later has been retained, a “Request for Renewal” must be submitted for this   
 project before the 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.  
 Click or tap here to enter text.

**16. If signed Consent Forms were required, describe how the consent form will be maintained until destruction?** (Consent forms signed by participants/parents/others providing permission or consent for participation must be kept   
 securely on campus for 3 years after projects ends.)  
 Click or tap here to enter text.

**b) By what date and by what method will signed consent documents be destroyed?** Click or tap here to enter text.

**17. Attach a copy of all IRB stamped approved documents used during the previous year.** (Information letters, Informed Consents, Parental Permissions, Flyers etc.)  
 (Do not send consent forms signed by participants!)

**Version Date:** Click or tap to enter a date.