

## Institutional Review Board RESEARCH PROPOSAL: FINAL REPORT

Research Proposal IRB #

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TITLE:	
PRINCIPAL INVESTIGATOR(S):	
CO-INVESTIGATOR(S):	
APPROVAL DATE:	
PROPOSED DURATION:	
LAST PROGRESS REPORT DATE:	
SPONSOR(S):	
COLLABORATOR(S)	
TOTAL BUDGET:	

		Final Report: IRB#						
1	HAS THE RESEARCH	HAS THE RESEARCH PROPOSAL BEEN MODIFIED?						
	NO	Date of Modification:						
	YES Explain	Date when the IRB wa	as notified:					
	•							
2	LIST OF THE OBJECT	IVES OF THE RESEARCH P	ROPOSAL:					
	•							
3	SYNOPSIS OF MAIN R	ESULTS AND CONCLUSION	IS					
	A. Did you encounter a	any problem?	NO 🗌	YES Please l	ist			
	•							
	B. Were the objectives	of the research achieved?	NO 🗌	YES 🗌				
	If NO, which ones v	vere not achieved? Why?						
	•							
4	PROPOSAL:	ELATED ACTIVITIES, Was, abstracts, and publications. Plee IRB.)						
5	ALL PUBLICATIONS/A	THE IRB MANUSCRIPT AU ABSTRACTS RESULTING FR ilable at www.icmje.org and at the	ROM THIS PRO		١G			
	YES	NO   Explain.						
	•							
6		EST? WAS THERE AT ANY CONFLICT OF INTEREST I			IS			
	YES Explain.	NO	N/A					
	•							

Final Report: IRB#	
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## FOR ALL RESEARCH STUDIES DIRECTLY INVOLVING HUMAN SUBJECTS:

(Human subject is defined as an individual about whom an investigator obtains (i) data through intervention or interaction with the individual, or (ii) identifiable private information).

7	HAVE YOU ADHERED TO THE GOOD CLINICAL PRACTICE GUIDELINES? (copy available in IRB Office)				
	YES NO Explain.				
	•				
8	DID ANY SERIOUS OR UNEXPECTED ADVERSE EVENTS OCCUR?				
	YES NO				
	If yes, list all serious and unexpected adverse events and the dates of submission to the IRB in Appendix A.				
9	DID YOU MAINTAIN RECORDS OF PROPER INFORMED CONSENT FROM ALL STUDY SUBJECTS? (Attach a copy of the consent form in current use)				
	YES				
	NO Explain.				
	•				
	9.1 SUBJECT ENROLLMENT: (Appendix B)				
	9.1.1 How many were anticipated (original protocol)?				
	9.1.2 How many enrolled?				
	9.1.3 Did any withdrew? YES NO NO				
	9.1.4 How many?				
	Why?				
	•				
10	IS THERE ANY NEW INFORMATION WHICH MAY AFFECT THE BENEFIT/RISK RATIO OF THE RESEARCH STUDY?				
	YES  Explain. NO  N/A				
Sign	ATURE PRINCIPAL INVESTIGATOR: DATE:				

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FO	R ALL RESEARCH STUDI	IES INVOLVING	LIVE	VER	TEBRATE .	ANIMALS:
11	HAVE YOU FULLY ADHE  NO	CRED TO THE IRE	3 APPF	ROVEI	O PROPOSA	L?
12	HAVE YOU FULLY ADHE CARE & USE OF LABORA (Guidelines available at www.fbr  NO  Explain  •	ATORY ANIMALS	?		AL GUIDEL	INES FOR THE
13	SPECIES & NUMBER OF A	ANIMALS  Age Range	Se	ex	No. Used	Total No. Approved
			M	F		

SIGNATURE PRINCIPAL INVESTIGATOR:

**DATE:** \_\_\_\_\_

## HUMAN SUBJECT SERIOUS ADVERSE EVENTS and/or UNEXPECTED ADVERSE EVENTS REPORT

1. **Serious Adverse Event** means any adverse experience that results in any of the following outcomes: death, a life-threatening experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant disability/incapacity, or a congenital anomaly/birth defect.

(Important medical events that may not result in death, be life-threatening or require hospitalization may be considered a serious adverse event when, based upon appropriate medical judgment, they may jeopardize the patient or subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition.)

<u>Unexpected Adverse Event</u> is any adverse experience associated with the study article for which the specificity or severity is not consistent with the current investigator brochure, or, if an investigator brochure is not required or available, the specificity or severity of which is not consistent with the risk information described elsewhere in the current application. "Unexpected" refers to an adverse drug experience that has not been previously observed.

2. List subjects by identifiers and adverse events.

Characterize the adverse events as to:

- a. Severity Grade 3, Grade 4, Grade 5
- b. Recovery total, partial, none
- c. Relationship to protocol none, possible, probable, definite (based on the opinion of the principal investigator)

IDENTIFIER	Adverse Event	Severity of Event	Is it expected?	Recovery from Event	Relationship to Protocol	Date submitted to the IRB

## **HUMAN SUBJECT ENROLLMENT FORM**

Dates: From:	To:				
	enrolled at KFSH&RC-J during the duration of the Project.				