

**Point Loma Nazarene University
Institutional Review Board (IRB)**

Research Project Report Form (Summary/Continuation Form)

PROJECT ID#: _____

PROJECT TITLE: _____

TYPE OF REPORT (check one): Summary Continuation

LEVEL OF INITIAL APPROVAL: Exempt Expedited Full Review

IF SUMMARY, DATE OF COMPLETION OF DATA COLLECTION: _____

A. Results/Progress of Research:

B. Human Subjects Problems/Benefits:

Data were collected for _____ subjects (indicate number).

Informed Consent Forms are on file. Yes No Explain: _____

Changes have been made in the Informed Consent Form. Yes No (If yes, please provide new copy.)

C. Adverse Events: (See <http://www.osp.cornell.edu/Compliance/UCHS/Adverse.htm> for a definition of adverse event.)

Researcher (Signature)

Date

Researcher (Print)

Faculty Advisor (Signature) [If researcher is student]

Date

IRB Approval (if "Continuation")

Date