**End of Research Final Report**

**Institutional Review Board**

**American University of Central Asia**

Final reports must be submitted at the conclusion of any research conducted under IRB review. This is not required for research that was determined to be exempt.

1. **Contact information**

|  |  |
| --- | --- |
| Name of a Principal Investigator : | |
| Email: | Phone: |
| Division: | Program: |
| Name of Supervising Faculty (if applicable) | |
| Email: | Phone: |

1. **Project Information.**

|  |  |  |
| --- | --- | --- |
| Title: | | |
| I confirm that the research was conducted as approved by the IRB | Yes | No |

1. **Participants’ information (enter answers / “N/A” where necessary):**

|  |  |
| --- | --- |
| Number of human participants that participated |  |
| Number of participants proposed and approved by the IRB |  |
| Number of participants screened |  |
| Number of participants consented to participate |  |
| Number of participants who withdrew |  |
| Number of subjects who completed research |  |
| Number of subjects still involved in the research |  |
| Number of participants excluded by PI |  |
| Reasons for exclusion |  |

1. **Effects of the project on the participants**

|  |
| --- |
| Describe any problems encountered or undesirable effects that involved risk or harm to participants |
| Describe any unexpected benefits to participants |

1. **Reporting on any unanticipated events**

|  |
| --- |
| Describe any incidents/ unanticipated events that happened during the research. What appropriate actions were taken? |

1. **Complains and concerns of participants**

|  |
| --- |
| List the complains and concerns, if any, raised by the participants |

1. **Informed consent. Provide information about:**

|  |
| --- |
| a) the location and retention of informed consent forms |
| b) the date when informed consent forms will be destroyed and data will be de-identified |

1. **Investigator Assurance**

By signing I confirm that the information provided above are truthful and correct.

Principal Investigator’s Name and Signature\* Date

Supervising Faculty Name and Signature\* (if applicable) Date

Co-Investigator Name and Signature\* (if applicable) Date

*If there are more than two co-investigators, copy and insert new lines to provide their name, signature, and corresponding date.*

*\*Scanned images of signature may be admissible.*