

Memorial Health University Medical Center
Institutional Review Board

SUBMISSION FOR FINAL REPORT OF SPONSORED STUDY

Study Title:

MHUMC Study Number (assigned by IRB):

Initial approval date:

This study involved: Clinical treatment Pre-existing data/tissue Questionnaire/survey

RESEARCH TEAM

Principal Investigator Information:

Name:

Phone:

Address:

Email:

Sub-investigator(s):

Study Coordinator:

SUMMARY OF ENROLLMENT

Total # accruals: → # Completed: # Withdrawn:

Reason for withdrawal(s):

SUMMARY OF STUDY RESULTS

Principal Investigator (signature)

Date

***** Section below for IRB administrative use only *****

Approved by Expedited Review

CPA#: _____

IRB Agenda: _____

IRB Chair

Date