

## FINAL REPORT FOR RESEARCH HENDRIX COLLEGE HUMAN SUBJECTS REVIEW BOARD

*Upon completion of your research project, fill out this form and submit one electronic copy to [HSRB@hendrix.edu](mailto:HSRB@hendrix.edu) AND one signed paper copy (with original signatures) to the HSRB chair (Dr. Stacey Schwartzkopf, Mills 306B).*

**HSRB Approval Code #:**

**Project Title:**

**Name of Investigator(s):**

**Faculty Sponsor (if student research):**

**Department:**

**Project begin date:**

**Project end date:**

(If the research was not completed as planned, **please explain.** Use extra pages, if necessary.):

**Reason for research project (check all that apply):**

Faculty Research	Senior Thesis	Undergraduate Research (Odyssey)
Class Assignment	Independent Student Research	

Did you receive Odyssey Research Funds?	Yes	No	
Did you receive outside financial support (e.g., grant money)? (If YES to outside support, name the funding source.):	Yes	No	

**Participant Information:**

Projected number of participants as approved by HSRB:

Total number of participants from whom data was collected:

Data was collected from:	Records Only	Participant Interaction
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Participant Age Category:	≥18 years	13-17 years	6-12 years	≤5 years
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Did any participant suffer any unanticipated or serious adverse event? (If YES, explain on separate sheet and attach.)	Yes	No
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**Signature:**

I understand I received HSRB approval for this project and time-frame. If I want to continue this project or a new project, I must reapply and receive HSRB approval again.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty Advisor (if applicable)

\_\_\_\_\_  
Date