

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 AND one signed paper copy (with original signatures) to the mailbox of the HSRB Co-Chair (Dr. Lindsay Kennedy, DWR 140).

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

Was your research an NIH-funded clinical trial?

(If YES, please submit confirmation of results reporting)

Yes

No

Did you receive outside financial support (e.g., grant money)?(If YES, 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

Participant Age Category:

≥18 years

13-17 years

6-12 years

≤5 years

Did any participant suffer any unanticipated or serious adverse event? (If YES, explain on separate sheet and attach.)

Yes

No

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