

Final Report

Instructions: PDF Version

This format is designed for those who wish to print the form and complete it with a typewriter. If you would prefer to complete the form on a computer, please choose a different format.

If you need additional room to answer any questions, attach a separate page.

If you have any questions, contact the IRB Office at 718-270-2680.

Protocol #

SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Institutional Review Board

Final Report

Principal Investigator:**Dept:****Box:****How should we contact you?****Name (if not PI):****Email:****Ph:****Fax:****Cell:****Page:**

Protocol Title:

1) Number of participants enrolled at this site since project inception:

Total

Under age 18

Women

Racial/ethnic minorities

2) What were the results of the study? How will the results be disseminated? If the results have been published, please attach a copy of the publication.**3) Are you retaining any biological specimens?** No Yes,

If yes, what will the samples be used for? Are the samples identifiable? Did participants give suitable consent?

Principal Investigator_____
Date