COUNTY OF ORANGE HEALTH CARE AGENCY



# HUMAN SUBJECTS REVIEW COMMITTEE/IRB

## Final Status Report

PRINCIPAL INVESTIGATOR:

TITLE OF RESEARCH:

Project Start Date:       Number to Subjects:

Project End Date:

**PROJECT SUMMARY**. Briefly summarize the project.

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**FINDINGS/ CONCLUSIONS.** Explain the findings of the project. Include any public reports or publications produced, if applicable.

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**BENEFITS.** Describe benefits derived from the study. Include benefits to subjects.

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**ADVERSE EVENTS.** Describe any adverse events or unanticipated problems involving risks to subjects or others, withdrawal of subjects from the research, or complaints about the research. List events, severity, resolution, and number of subjects affected.

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Signature: Today's Date:

Typed Name:  Phone: