**Eastern Nazarene College**

**Research Completion Report of Faculty, Staff, or Student Research Projects**

## Involving Human Subjects

All faculty, staff, and student research projects involving human subjects must undergo a review process for the protection of human subjects In order to make this review possible, please complete this application and send it with any additional materials. Proposals should be submitted via campus mail or US Mail to: Provost and Dean of the College, Eastern Nazarene College, 23 East Elm Avenue, Quincy, MA 02170 or electronically to [irb@enc.edu](mailto:irb@enc.edu)

**IRB OFFICE USE ONLY**

Project #

Date Received:

Actions:

Date Approved:

If you have any questions, please feel free to contact the Administrative Assistant to the Provost and Dean of the College, Janice Fletcher, at [irb@enc.edu](mailto:irb@enc.edu) or (617) 745- 3706.

* Report of Project Status

*Instructions:* Please, submit this page when all subject testing has been completed, *or* when a renewal of the project is requested. Most approvals are effective for one year. Renewal should be requested *before* the date of the approval's expiration.

Please, send this report to the chair of the Institutional Review Board: Provost and Dean of the College, Eastern Nazarene College, 23 East Elm Avenue, Quincy, MA 02170, [irb@enc.edu](mailto:irb@enc.edu), (617) 745-3706.

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| --- | --- | --- | --- | --- | --- |
| \*Researcher Name(s) |  | | | | |
| Title of Proposed Research |  | | | | |
| Anticipated Start Date of Project |  | Anticipated End Date of Project | |  | |
| Primary contact: |  | Address or  Box # |  | Phone #  and Email |  |
| \*Faculty/Staff Supervisor (write N/A, if not applicable) |  | | Faculty Phone # and Email |  | |
| Course # and Name (if applicable) |  | | | | |

Status of the Project: The primary researcher (if staff/faculty), or the faculty advisor (if study is a student project), should complete this section. Please, check one.

* All testing has been completed and no adverse events have been observed by researcher. This project is complete.
* All testing has been completed and one or more adverse events has occurred (as reported on the next page; see Section E).
* All testing *has not* been completed, and a renewal of the approval is requested with no changes in method. The Protocol designation is: Letters\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_.
* All testing *has not* been completed, and a renewal of the approval is requested with one or more changes in method (as reported; see Section F).
* Other, please, describe:
* **Report of Adverse Events in Human Research**

*Instructions:* Please, provide a description of the adverse event(s) with date, day, and time of occurrence. Please, send this report to the chair of the Institutional Review Board: Provost and Dean of the College, Eastern Nazarene College, 23 East Elm Avenue, Quincy, MA 02170, [irb@enc.edu](mailto:irb@enc.edu), (617) 745-3706.

Person reporting the event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name Date of report

Contact information:

**Address**

**Phone**

**Email**

Description of the event (s):

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date:

**PI Name**

**Address**

**Phone**

**Email**

* Reviewer Comments: For Use by the Human Research Committee only

Name of Reviewer (print)

Signature of Reviewer

Date Phone Box #

Reviewer Comments and Recommendations:

# IRB Office Use Only

This research project **is exempt** from IRB review based on 45 CFR 46.101(b)

This project **is approved** as submitted.

This project **is approved contingent** on the changes listed below.

A **waiver** of written informed consent is granted.

Other: