FRIENDS RESEARCH INSTITUTE, INC.
INSTITUTIONAL REVIEW BOARD
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Application for Final Review

Name of Investigator: IRB Study #:

Title of Protocol: Date of Submission:

I. SUBJECTS/RECRUITMENT	
1. Number of anticipated subjects/participants.	
2. Total number of subjects/participants enrolled.	
3. How many subjects/participants voluntarily withdrew from the study at their own request?	
4. How many subjects/participants were withdrawn from the study at the request of the PI?	
5. If applicable, please provide a brief summary of any difficulty obtaining/retaining subjects/participants or obtaining informed consent during the entire approval period. Additionally, please indicate if there have been any complaints about the research.	

II. SERIOUS ADVERSE EVENTS
Have there been any adverse events or unexpected reactions/complications during the course of this study? ☐ Yes ☐ No (*If yes, please describe below and attach copies of all adverse event reporting forms from the last approval period.)*

III. RESEARCH RESULTS
1. Please provide a brief summary of the research results.
2. Is all data analysis completed at this time? ☐ Yes ☐ No
3. Please forward any/all publications resulting from this study.

IV. STORAGE
Please provide a brief summary of how study records will be stored, since the Investigator must retain these records for a period of three years, or until the funding source has notified the site.

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Principal Investigator's Signature Date