END OF DATA COLLECTION REPORT
FOR RESEARCH INVOLVING THE USE OF HUMAN SUBJECTS
Central Michigan University

MSA Students Only

Complete the following and submit one copy to your MSA 685 monitor for forwarding to the MSA director. **Include copies of signed consent forms, if required.**

Project title: _____

Name of Investigator _____ Soc. Sec. No.: _____

Address: _____ Phone: (___) _____
Street

_____
City *State* *Zip*

Project dates: from ____/____/____ to ____/____/____

This is to verify that the above named research involving human subjects was performed according to the procedures approved by the IRB. The project is now complete.

A total of _____ subjects participated in this research _____ subjects voluntarily withdrew from the project _____ subjects experienced complications, adverse reactions, or injuries resulting from participation in the research project. The MSA office will maintain all records for this project for one year.

_____ _____
Student's printed name *MSA 685 Course Site*

_____ _____
Student's signature *Date*

_____ _____
Faculty monitor's printed name *MSA 685 Course Site*

_____ _____
Faculty monitor's signature *Date*

_____

MSA office use only:

MSA director's signature: _____ Date approved: _____