**FINAL REPORT**

RUSSELL SAGE COLLEGE INSTITUTIONAL REVIEW BOARD

2024-2025

This report should be submitted electronically as an attachment by e-mail, with scanned signatures, to sageirb@sage.edu, with the **IRB application number** and the phrase “**final report”** in the subject line of the e-mail and in the name of the attached file. Expand spaces in the form below if you need more room. If you have any questions about completing this report, contact the IRB chair, Dr. Francesca Durand, at sageirb@sage.edu.

Please submit this report within 90 days of completion of the project. Please notify IRB *immediately* of any harm or injury suffered by participants while participating in the study or of any potential or emergency problems posing additional risks to participants.

**IRB PROJECT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE REPORT SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Title of Project:
2. Starting Date:
3. Ending Date:
4. Researchers conducting this study include:
5. Primary Principal Investigator (PPI)
6. Additional Principal Investigator(s)
7. Student Investigator(s) if this is a student project
8. All others involved in collecting data or working with confidential data
9. Name, address, email address and telephone number(s) of person(s) to contact if additional information is required.
10. Describe any issues or questions that arose during each of the following aspects of the research process. Also indicate the source of the issue. Was it raised by the participants, was it an observation of the researcher, etc.?
11. Recruitment
12. Consent Form
13. Data Collection
14. Were any participants dropped from the study or did any withdraw from the study?
15. Did any harm come to the participants that was not anticipated or was greater than anticipated? Explain.
16. Were there any issues related to the anonymity or confidentiality of the data? Explain.
17. If deception was involved in the study, identify any problems that arose from it.
18. Describe any other issues that arose not covered in the items above.

I (we) certify that the information provided for this project is accurate.

Primary Principal Investigator (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Primary Principal Investigator Date

Other Principal Investigator (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Principal Investigator Date

Student Investigator (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Signature of Student Investigator Date

(Repeat the above lines if there are more than one other Principal Investigator or Student Investigator.)

Send an electronic copy to sageirb@sage.edu with the IRB Number and the phrase “Final Report” in the subject heading and in the name of any attached file.

Revised August 2024