



San Francisco
State University

Committee for the Protection of Human and Animal Subjects
254 Administration Building
1600 Holloway Avenue
San Francisco, California 94132

Study Completion Form

Please submit this form to the IRB at the close of the study.

Phone: (415) 338-1093 Fax: (415) 405-2474

E-mail: protocol@sfsu.edu

Website: www.sfsu.edu/~protocol

Date:

IRB Protocol # of non-exempt or expedited:

Study Title:

Researcher's Name:

Completion/Closure Date:

# Subjects Proposed for Study	
# Subjects Enrolled	
# Subjects Withdrawn After Enrollment	
# Subjects Completed	
# Serious Adverse Events	

Reason for closure: (i.e., end of study, accrual met, etc.)

Briefly describe any Serious Adverse Events (SAEs) or unanticipated risks encountered in this research. Use separate page if needed.

IRB Response:

Final Report Received

Comments: _____

Signature: _____ **Date:** _____