Submission of this report is appropriate only if all of the following have been accomplished.

1. All subjects have finished their final follow-up activities (such as phone calls, post-card contacts, or long term follow up required by the protocol) are completed,
2. The sponsor has indicated that the study is closed at your site, and
3. All data analysis is completed.

[ ]  Check, if all criteria above are true

1. Study Title Click here to enter text.
2. Sponsor Name: Click here to enter text.
3. VDSS IRB Study Number: Click here to enter text.
4. Principal Investigator (PI) Name: Click here to enter text.
5. PI Email Address Click here to enter text.
6. Number of VDSS potential subjects screened Click here to enter text.
7. Number of Non-VDSS potential subjects screened Click here to enter text.
8. Date enrollment in study closed Click here to enter a date.
9. Total number of VDSS clients enrolled in study Click here to enter text.
10. Total number of VDSS staff enrolled in study Click here to enter text.
11. Total number all other research participants enrolled in the study Click here to enter text.
12. Submit a brief summary of study results. Discuss any changes in procedures and anticipated risks or benefits. Click here to enter text.

|  |  |
| --- | --- |
| PI Signature | Date signedClick here to enter a date. |