(600) UTK General Information

Study/Project Information
This section is read-only and the most recent continuing review box will be blank if you have not had a continuing review yet or if this is an exempt project.

Study Title:

Principal Investigator:

Department:

Most Recent Continuing Review:

(620) Study/Project Termination

*** Date of Project Termination:**

*** Subjects Enrolled:**

*** Did any subjects experience any reportable adverse events?**

☒ No subjects experienced reportable adverse events.

☒ At least one subject experienced a reportable adverse event.

(630) Reportable Adverse Events

Please review the table for Form 4: Adverse Event Submission Form.
To locate this table, mouse over the question mark icon in the right column and click on "Locate Table of Form 4"

*** Each reportable adverse event must be reported (on Form 4) before the IRB will process this termination.**

☒ All reportable adverse events have been submitted to the IRB.

☒ Not all reportable adverse events have been submitted to the IRB.

(640) Results

Below is the study/project synopsis in read-only format, as presented in the most recent continuing review:

Click here to access the text editor.

*** Provide a brief narrative of overall results with respect to efficacy and safety with special attention to the purpose of the project as stated above.**

(650) Exempt Project Results

*** Date of Project Termination:**

*** Provide a brief narrative of overall results:**

(670) UTK Close Form

If you have separate documentation regarding closure of this project, for example, correspondence from the sponsor regarding project closure, please attach here:

The following text box is provided in the event that you need to share any additional information regarding your project with the Review Board.

Sign and Submit