

The United States Army Combined Arms Center Education (CAC-E)

Research Closure Report

Upon project completion, complete this report and submit to the Human Protections Administrator, 4521 Lewis and Clark, 100 Stimson Ave, Ft. Leavenworth, KS 66027.

Project Title: _____

Name(s) of Researcher(s): _____

Address of Researcher(s): _____

Dates that data was collected from Human Subjects:

From: _____ to _____ .

The signature(s) below verify that the above named research project was performed according to the procedures approved by the Institutional Review Board and that data collection is now complete.

A total of _____ subjects participated in this research;

_____ subjects voluntarily withdrew from the project, and

_____ subjects experienced complications, adverse reactions, or injuries resulting from participation in the research project.

The Human Protections Administrator will maintain records for this research for three years.

Researcher's Printed Name: _____

Researcher's Signature: _____

Researcher's Printed Name: _____

Researcher's Signature: _____