**Mercy College of Health Sciences**

**Institutional Review Board**

**Annual Report Summary**

**Date:**

**Name of Study:**

**ID#:**

**Major Researcher:**

**Name of Individual Completing Report:** *(Identify relationship to the Research Study, e.g., primary researcher)*

**Name:**

**Individual’s Relationship to Research Study:**

**Briefly state the overall progress of the study:**

**Number of individuals enrolled in the study:**

**Identify any unanticipated results:**