

## Final Study Report

Protocol Title: \_\_\_\_\_

PI: \_\_\_\_\_

CHRMS Number: \_\_\_\_\_

**1. Success of accrual of patients or cases:**

Accrual goal: \_\_\_\_\_

Actual accrual: \_\_\_\_\_

Please explain if this study encountered any problems in accruing patients/cases:

**2. Plan to publish:   \_\_\_Yes   \_\_\_No**

If yes, please explain your current stage in the plan to publish this study:

**3. Summary of findings: this can be an abstract that you have already drafted. Please attach the abstract *OR* limit your answer below to 3 paragraphs.**

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PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please give this form to the responsible Clinical Research Coordinator *and* the PRMC Coordinator, Emily Harwood ([Emily.harwood@med.uvm.edu](mailto:Emily.harwood@med.uvm.edu)).