



# Research Completion Form

Please submit this form to the IRB at the close of your study.

For more information, visit <http://www.ndnu.edu/IRB>

Questions: Contact IRB Chair.

Date: \_\_\_\_\_

IRB approval number: \_\_\_\_\_

Principal Investigator (Faculty): \_\_\_\_\_

Student Investigator: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Research Completion/Closure Date: \_\_\_\_\_

**PLEASE ATTACH ABSTRACT SUMMARIZING YOUR RESEARCH WITH THIS FORM**

If closed for reasons other than completion, please state the reason:

Research Participants:

# Proposed for study	
# Enrolled	
# Withdrawn after enrollment	

Did any serious, adverse event occur or was there any unanticipated risk(s) encountered during research?

Yes  No If yes, please describe the events/risks and how they were resolved (attached additional page(s) if needed):

IRB Responses: Form received on \_\_\_\_\_ Follow up Required?  Yes  No

Comments: \_\_\_\_\_

IRB Signature \_\_\_\_\_ Date: \_\_\_\_\_