

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>

Date: _____

IRB approval number: _____

Principal Investigator (Faculty): _____

Student Investigator: _____

Title of Project: _____

Research Completion/Closure Date: _____

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

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: _____