**Research Completion Form**

(To be submitted no later than 60 days after your research project has been completed)

|  |  |
| --- | --- |
| Principal Investigator:  | Email:  |
| Research Completion Date: | Telephone:  |
| Assigned IRB #:  | Department:  |
| Original date of approval/determination:  | Study Expiration date: |
| Title:  |

**Section I. Reason for Study Closure**

 Project complete, enrollment ended (closed)

 Project was never initiated

 Project began, but no subjects were enrolled, no data collected

 PI does not wish to pursue

 PI is leaving UWG

 Student PI is graduating or has graduated

**Section II. Subject Recruitment/Participation**

1. Number of Participants approved:
2. Number of Participants enrolled:
3. Total number of consents signed:
4. Number of Participants who withdrew:

**Section III. Outcome of Study**

1. Have there been any complaints about the research? Yes No

(if yes, attach detailed explanation)

1. Please provide a brief summary of the results of the study, including any plans for scholarly/scientific presentations or publications. If the project was not conducted, please provide a brief explanation.

|  |
| --- |
|  |

**Section IV. Confidentiality of records**

1. Data set is Anonymous De-Identified Identifiable
2. How will study records be stored to maintain privacy and confidentiality?

|  |
| --- |
|  |

1. Where will study records be stored to maintain subject privacy and confidentiality?

|  |
| --- |
|  |

1. How long will records be stored?

|  |
| --- |
|  |

1. If PI is leaving UWG copies may be taken with PI to new institution. Indicate where at UWG the original data and/or consent forms will be stored per the record retention requirements?

|  |
| --- |
|  |

**Signature of Principal Investigator**

By signing this form, the undersigned acknowledges that any further interaction with the participants in this study or study information that includes personally identifiable information, has not been approved by the University of West Georgia IRB.

Principal Investigator (Name & email) Date

(typing name and email along with the electronic submission of this form by Principal Investigator indicates signature)

**RECORD RETENTION**

Investigator Responsibilities: Investigators are required to maintain their research records and the original signed informed consent forms for at least three years after the close of the study or according the timeframe approved IRB application and consent documents. Signed authorization forms and consent forms that incorporate authorization for the use of protected health information for research and the tracking of disclosures of protected health information for research, must be maintained by the principal investigator for at least six years to comply with privacy regulatory requirements. Records must be accessible for inspection by authorized representatives of federal or accreditation agencies or departments.

PI should complete this form and email to irb@westga.edu.