

FOR COMPLIANCE OFFICE USE ONLY:

IBC #:

Date Received:

Revision

**PROTOCOL COMPLETION REPORT**

Institutional Biosafety Committee (IBC)

**INSTRUCTIONS**

**Complete Form**

Complete this form if the research, testing, or teaching has ended and/or will no longer be conducted under the applicable IBC Protocol or Amendment.

**By signing this Completion Report the Principal Investigator (PI) certifies the following:**

1. The research, testing, or teaching will no longer be conducted under the applicable IBC Protocol or Amendment, and/or, the research, testing, or teaching has ended; and

2. Have read and reviewed this Completion Report

**Submit Form**

Submit the signed Completion Reportto **research@pvamu.edu**

**For Deliveries – On Campus:** Office of Research Compliance, Harrington Science Building, Room 206

**Mail:** Donna Pulkrabek, P.O. Box 519, MS 2800, Prairie View, Texas 77446

**Compliance notification:**

Donna Pulkrabek

Director of Research Compliance

Office of Research, Innovation and Sponsored Programs

936.261.1588

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| Date: |  | |  | Approved IBC Protocol #: |  |
|  |  |  | |  |  |
| Protocol Title: | |  | | | |

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| **INVESTIGATOR INFORMATION** | | | | | | | | | | | |
| *Principal Investigator Information:* | | | | | | | |  | |  | |
| Name: |  | | | | | | | | | | |
|  | | |  | | | | | | | | |
| Address: |  | | | | | | | | | | |
| *Please include Mail Stop & Office Number if address is on campus* | | | | | | | | | | |  |
|  | | | | | |  | | | | | |
| Phone Number *(Office):* | | | |  | | | | | | | |
|  | | | | | |  | | | | | |
| Phone Number *(Laboratory):* | | | | | |  | | | | | |
|  | | | | | |  | | | | | |
| Phone Number *(Emergency):* | | | | | |  | | | | | |
|  | | | | | |  | | | | | |
| Fax Number: | | | | | |  | | | | | |
|  | | | | | |  | | | | | |
| Email Address: | |  | | | | | | | | | |
|  | | | | | |  | | | | | |
| Department: | |  | | | | | | | | | |
|  | | |  | | | | | | | | |
| College: | |  | | | | | | | | | |
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| **PROTOCOL STATUS** | | | | | | | | | | | |
| Completion Date | | |  | | | | | | | | |
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| **PROBLEMS/ ADVERSE EVENTS *(THIS QUESTION MUST BE ANSWERED)*** | | | | | | | | | | | |
| Please describe any unanticipated  problems/adverse events that may  have occurred in the laboratory  during the study.  Explain how the problem/adverse  event was resolved.  Indicate “NONE” in the space  provided if there were no  problems/adverse events. | | | | |  | | | | | | |
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| **OUTSTANDING ACTIONS *(THIS QUESTION MUST BE ANSWERED)*** | | | | | | | | | | | |
| Will any of the agents listed on the protocol be kept? *If yes, an active storage protocol must be on file.* | | | | | | | | | YesNo | | |
|  | | | | | | | | |  | | |
| Please describe any outstanding actions and plans for completion here *(e.g.,disposal of contaminated materials)*. | | | | |  | | | | | | |
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| **PRINCIPAL INVESTIGATOR RECERTIFICATION** | | | | | | | | | | | |
| *By signing this Completion Report, the Researcher(s) certifies that he/she has read and understood the requirements and responsibilities set forth in the section entitled "Instructions and Certifications" in relation to the research, testing, or teaching. In addition, the Researcher(s) certifies that he/she will abide by any and all applicable federal, state, and/or institutional regulations, including any requirements from the Institutional Biosafety Committee (IBC), Risk Management and Safety (RMS), and/or the Office of Research Compliance (ORC).* | | | | | | | | | | | |
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| Principal Investigator *(Typed):* | | | | | | |  | | | | |
|  | | | | | | | | | | | |
| Principal Investigator *(Signature):* | | | | | | |  | | | | |
|  | | | | | | |  | | | | |
| Date: | | |  | | | | | | | | |
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