



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Prairie View A&M University

IRB Completion Report

Instructions:

This form should be completed once all work for an approved IRB protocol is concluded whether it is categorized as Exempt, Expedited, or Full Board Review. This means data collection has ceased, participants are no longer enrolled, no follow-up is needed, data analysis, and manuscript preparation using identifiable private information is completed.

IRB#: _____

Project Title: _____

Current Approval Date: _____

Investigator Information

Principal Investigator Name: _____

Phone and/or Email: _____

Graduate Committee Chair or
Faculty Advisor (if student): _____

Phone and/or Email: _____

Total Participants Approved: _____

Actual # of Participants Used: _____

(Optional) No Participants? _____ YES

Reason for No Participants: _____

Since the last IRB Review has any unanticipated/unexpected outcomes or adverse events occurred not reported to the IRB?

_____ YES _____ NO

If yes, complete and attach the unanticipated problem report form.



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I certify the approved research protocol is complete. I understand the closure means no further data collection, follow-up with participants, data analysis, and/or manuscript preparation requiring personal identifiable information may be conducted. I agree to retain all research materials for at least 3 years after closure of the research project and acknowledge these documents may be subject to review by the IRB, if deemed necessary.

Principal Investigator

Signature: _____ Date: _____

Typed Name: _____ Date: _____

Faculty advisor (if applicable)

Signature: _____ Date: _____

Typed Name: _____ Date: _____