IRB FORM-04

Revised 5/9/2019

**IRB USE ONLY**

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEXAS A&M INTERNATIONAL UNIVERSITY**

**IRB Protocol Completion Report**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| IRB Protocol # | |  | |  | | |
|  |  | | | | | |
| Project Title: |  | | | | | |
|  | | | | |  | |
| Initial Approval Date: | | |  | | Most Recent Approval Date: |  |
|  | | | | | | |
| Study Completed Date: | | |  | |  |  |

**INVESTIGATOR INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator Name: | | |  | | | Faculty | Staff |
|  | | | |  | | | |
| Department: | |  | | College: |  | | |
|  | | | |  | | | |
| Phone: |  | | | E-mail: |  | | |

**PARTICIPANTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Participants utilized for this study? | | | | | Yes | No |
|  | | | | |  |  |
| If no, reason: |  | | | | | |
|  | | | | | | |
| Total Participants Approved: | |  | Total Participants Currently Utilized: |  | | |
|  | | | | | | |
| 1. Were there any unanticipated or adverse events? If you check, no, skip question #2. | | | | | Yes | No |
|  | | | | |  |  |
| 2. If yes, was the Unanticipated/Adverse Event Report submitted? | | | | | Yes | No |
| If there was an event, and the Unanticipated/Adverse Event Report was not submitted, must submit the report with this form. Report is available on IRB website: <https://www.tamiu.edu/irb/submissionprocessforms.shtml> | | | | | | |

**FINDINGS**

|  |  |  |
| --- | --- | --- |
| ***Federal law requires that IF a study results in information that is BENEFICIAL to the participant that the participants be be informed.*** | | |
|  | | |
| Were there any findings that would be BENEFICIAL to the participants? | Yes | No |
|  | | |
| What were those findings? | | |
|  | | |
|  | | |
|  | | |
| How were the participants informed of those findings? Include copies of letters sent to participants. | | |
|  | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The research was completed in a satisfactory manner and was unchanged from the previously approved protocol.** | | | | |
|  | | | | |
| **Principal Investigator Name:** | |  | **Date:** |  |
|  | | | | |
|  | | | | |
| **Signature:** |  | | | |
|  |  | | | |

|  |
| --- |
| **DOCUMENT RETENTION: FEDERAL LAW REQUIRES THAT DOCUMENTS BE RETAINED FOR 3 YEARS FOLLOWING THE COMPLETION OF THE STUDY. SOME FUNDING AGENCIES/JOURNALS MAY REQUIRE LONGER RETENTION.** |