

- Institutional Review Board (submit completed form to Graduate Studies Office)
- Departmental Review Committee (submit completed form to Committee Chair)

Project Completion Form

Date:

Principal Investigator:

Co-Investigator(s):

Date of IRB Approval:

Title of Study:

This form is for research projects that have been completed.

1. Date project completed _____ Attach a one page summary of your research project.
2. How many participants have completed the study? _____ How many withdrew from the study? _____
3. Have there been any complaints about the research? Yes No Attach detailed explanation.
4. Were there any significant changes in your research methods? Yes No Attach explanation.
(i.e., changes in subject pool or participating institutions, changes in surveys or questionnaires used, etc.)
5. Did problems arise regarding the involvement or safety of subjects in this research project? Yes No
Attach a description of problems.
6. Did you make any changes to the Informed Consent form? Yes No Attach the revised form.
7. Has there been any psychological or physical injury to any subject? Yes No Attach explanation.
8. Where are the signed Informed Consent forms being held? Building/Room _____
Person maintaining them: _____
9. Did research involve audio/video-taping or photographing of participants? Yes No
 - a. Where are audio/video tapes or photographs being stored? _____
 - b. How long will they be stored at this location? _____
(materials must be held in secure storage for three years)
10. Were reports of findings provided to subjects: Yes No Attach copy of report.

**Read statement below, sign and date.
Submit this form with all appropriate attachments noted above.**

I (we) certify that the research has been and will continue to be conducted in accordance with *The Policies and Procedures of the Institutional Review Board* at Minnesota State University Moorhead.

Signature of Principal Investigator

Date

04/05