

ORC USE ONLY	
HSRP #:	<input type="text"/>
Date Received:	<input type="text"/>

# Completion Report for Human Subjects Research Protocol for Exempt, Expedited, or Full Board Review



## Instructions and Researcher Certifications

Complete this form if the research has ended and/or will no longer be conducted under the applicable Human Subjects Research Protocol (HSRP) or Amendment.

**By signing this Completion Report for Human Subjects Research Protocol for Exempt, Expedited, or Full Board Review (Completion Report), all Principal Investigators (PIs), co-PIs, and personnel (collectively, "Researchers") certify the following:**

1. The research will no longer be conducted under the applicable HSRP or Amendment and/or the research has ended;
2. Have read and understood the responsibilities set forth in TAMUCC Rule 15.99.01.C1.01; and
3. Have read and reviewed this Completion Report; have signed the Completion Report electronically.

**After completing the foregoing, submit the Completion Report via email to the IRB Mailbox: [irb@tamucc.edu](mailto:irb@tamucc.edu)**

**For questions, email:**  
[research.compliance@tamucc.edu](mailto:research.compliance@tamucc.edu)

## HSRP Overview

HSRP #:

Maestro # (if funded):

## Researcher Information

### Principal Investigator

Name:

Address:

Phone:

Email:

Faculty     
  Staff     
  Undergraduate Student     
  Graduate Student     
  Other

Specify Other:

### Co-Principal Investigator

Name:

Address:

Phone:

Email:

Faculty     Staff     Undergraduate Student     Graduate Student     Other

Specify Other:

**Co-Principal Investigator**

Name:

Address:

Phone:

Email:

Faculty     Staff     Undergraduate Student     Graduate Student     Other

Specify Other:

**Co-Principal Investigator**

Name:

Address:

Phone:

Email:

Faculty     Staff     Undergraduate Student     Graduate Student     Other

Specify Other:

**Completion Under Another HSRP; Adverse Event(s); Outstanding Actions**

Date Completed:

If the research will be completed **under another HSRP**, provide the HSRP # and Maestro # (if funded).

Indicate whether they have been any anticipated or unanticipated adverse event(s).  Yes     No

If "yes," submit an Adverse Event Report **immediately**.

Describe any outstanding actions and plans for completion here.

**Researcher Signatures**

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 Researcher Certifications" in relation to the research. 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 Review Board (IRB) and/or the Office of Research Compliance (ORC).

**Principal Investigator**

Name:

Signature:

Date:

*Co-Principal Investigator*

Name:

Signature:

Date:

*Co-Principal Investigator*

Name:

Signature:

Date:

*Co-Principal Investigator*

Name:

Signature:

Date: