Pursuant to 45 CFR 46

**COMPLETION FORM**

E-mail completed form to the LC IRB Chair

**Lewis-Clark State College Institutional Review Board**

|  |
| --- |
| Title of Project |

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Current IRB Approval Number Expiration Date

**Principal Investigator(s):***I acknowledge that this represents an accurate and complete description of my research.*

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Name of Primary PI Signature of PI Date

|  |
| --- |
|  |

Additional Researchers’ Names

|  |  |  |
| --- | --- | --- |
|  |  |  |

Mailing Address Division

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Telephone Number |  | E-mail address (If student, use lcmail account) |

**Adviser (complete if PI is a student):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | On original application, not needed here |  |  |

Name of Adviser (typed) Signature of Adviser Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Adviser’s Address Adviser’s E-mail address Telephone

**To accurately indicate you have concluded all data collection activity, and that all data has been de-identified, please check the following two items:**

**\_\_\_\_\_ Check here to report the completion of human participants’ data collection**

**\_\_\_\_\_ Check here to report that all data is now anonymous (any identifiers have been removed or never existed)**