



## NOTICE OF COMPLETION

**Investigator:**

**Protocol:**

**Expiration Date:**

Please submit the following information when you have completed your research project. The expiration date for your project is shown above. If you would like to extend your research, you must apply for Continuing Review and be approved by the Institutional Review Board. Please return this form to Suzanne Barham, IRB Compliance Officer, Union University, Box 1815, Jackson, TN 38305.

1. The number of subjects finally enrolled in the research.
2. A description of any adverse events or unanticipated problems involving risks to subjects or complaints about the research.
3. A summary of any recent literature findings, or other relevant information that would impact the safety and well-being of human subjects associated with the research study.
4. Any publications generated from the research project.

---

Principal Investigator

---

Date