



**VAMHCS Research Service  
R&D COMMITTEE**

**Worksheet for “closing/completing” a  
Human Subjects Research Project**

**Transaction Type**

- Project closed at IRB, but analysis of de-identified data continues.** (VA requires these studies to remain open with the VA R&D Committee, Annual Updates are required and team members that are analyzing the data must remain current on VA required trainings.)
- Project Closed at IRB, but samples/specimens are still being worked on in my lab.** (Project will remain open with R&D Committee as “bench only” study. Annual Updates are required for SRS and team members that are working in the lab must remain current on VA required trainings)
- Project Closed at IRB and all data analysis and laboratory work is complete.** (Project will be closed at SRS and R&D Committee. Study may be scheduled for an audit by VA Compliance.)
- IRB Exempt or Non Human Subjects Research Project is complete.** (All data analysis has been completed. Project will be closed at R&D Committee. Study may be scheduled for an audit by VA Compliance.)

**GENERAL INFORMATION**

<b>Principal Investigator</b>	
<b>PI’s Phone &amp; E-mail Address</b>	
<b>Study Coordinator(s)/Team Member(s)</b>	
<b>Study Coordinator’s Phone &amp; E-mail Address</b>	
<b>IRB Protocol Number</b>	
<b>Study Title</b>	
<b>Date <u>study closed by IRB</u> or date <u>all work was completed</u></b>	
<b>Location (Bldg.Room) and person responsible for study files (electronic &amp; hard copy)</b>	

<b>Module Name of Form</b>	<b>Required for IRB Closure submissions: (check materials provided)</b>	<b>Submitted (Office use only)</b>
--------------------------------	---	--

**IRB Number -**

Module Name of Form	Required for IRB Closure submissions: (check materials provided)	Submitted (Office use only)
Printed copy of CICERO closure submission		
IRB Closure letter		

**For studies that will be continuing and will be analyzing de-identified data or working in the lab with samples please list below the study team members that will be working with the data or samples.**

(If this study is no longer analyzing data or working with samples this section does not need to be completed)

Confirmation of required items for study team members:  
**Status, Required Trainings and Scope of Practice**

Principal Investigator, Sub-investigators, and Research Team Members  <b>(only include team members who will work on analyzing the data or samples)</b>	Status of Team Member			<u>VA Privacy and HIPAA Policy Training</u>  (required annually)	<u>VA Privacy and Information Security Awareness and Rules of Behavior</u>  (required annually)	<u>CITI Training</u>  (required every 3 years)	<u>Scope of Practice</u>  (copy should be on file in Research Office and also in study binder)
	VA Paid Staff	WOC (List expiration date on most recent WOC appointment letter)	** UM/ Non VA (only)	Date Completed	Date Completed	Date Completed	Date PI signed or date ACOS signed

I confirm that this is a list of staff who will be working on **data analysis or samples** for this study and that all required trainings are current and Scopes of Practice are on file.

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_