



## 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

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

Module Name of Form	Required for IRB Closure submissions: (check materials provided)	Submitted (Office use only)
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**IRB Number -**

<b>Module Name of Form</b>	<b>Required for IRB Closure submissions: (check materials provided)</b>	<b>Submitted (Office use only)</b>
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>	<u>Status of Team Member</u>			<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 \_\_\_\_\_