

The University of Mississippi Medical Center Department of Otolaryngology and Communicative Sciences	ADMINISTRATIVE POLICY AND PROCEDURE MANUAL	MANUAL CODE:
SUBJECT: RESEARCH COMPLETION FORM		
Effective Date: Immediately	Review Revision Date: October 16, 2007	Page <u>1 of 1</u>
Prepared by: JESUS MONICO, INSTRUCTOR, RESEARCH	Approved by: SCOTT P. STRINGER, M.D., M.S., PROFESSOR AND CHAIRMAN	

Project Title:

Principal **FACULTY** Investigator (print name): _____

Signature represents that all research has been completed and that to the best of your knowledge, all applicable institutional and regulatory policies have been followed in the course of this research.

Signature: _____

Compliance Approval:

Signature confirms that to the best of your knowledge that the statements above are substantially correct.

Associate Director of Clinical Research: _____

Approved for submission:

Chair: _____ Date: _____