

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

2500 North State Street
Jackson, Mississippi 39216-4505

Institutional Review Board

Telephone (601) 984-2815

Facsimile (601) 984-2961

DHHS FWA #00003630

IORG #0000043

IRB 1 Registration #00000061

IRB 2 Registration #00005033

Acknowledgement Exempt Study Completion Report

RE: IRB File #

Dear _____ :

Your Completion Report was reviewed on _____ and is hereby acknowledged. Our records will be transferred to our closed file. Pursuant to UMMC's record retention policy, study records must be retained for six years from the date of this letter (or longer if so specified by the study sponsor). If you leave UMMC prior to that time, ownership and custody of all research data remains with the institution, unless otherwise approved by the Vice Chancellor for Health Affairs.

Thank you for submitting this completion report and for keeping us informed about your research.

Sincerely,

Chairman, Institutional Review Board

cc:

Grants and Contracts