

Research Closure Form

Please type in your responses to the questions on this form, and then submit the completed form to the Director of Institutional Research. *If your research was found to be exempt from IRB review, you do not need to submit this form!*

Research Study Title: _____

Research End Date: _____ IRB Approval Number: _____

Principal Investigator: _____

Institution, Organization, or Department: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Name(s) of Co-Investigator(s): _____

1. Please select the category that describes the status of your research by checking the appropriate check boxes.

	<p>Work Completed</p> <p>NOTE: ALL 4 BOXES BELOW <u>MUST</u> BE CHECKED TO SUBMIT A <i>RESEARCH CLOSURE FORM</i>.</p> <p>All subject recruitment and enrollment is complete.</p> <p>All subject specimens, records, data have been obtained (i.e., no further collection of data/information from or about subjects will be obtained).</p> <p>No further contact with subjects is necessary (i.e., all interactions or interventions are complete and no further contact with subjects is necessary).</p> <p>Analysis of <u>identifiable</u> subject data, records, and/or specimens are complete (i.e., use or access to <u>identifiable</u> subject information is no longer necessary).</p>
	<p>Study Canceled</p> <p>Research was never initiated, and there are no plans to initiate the research at this point in time.</p>

2. Not including those who withdrew or discontinued participation, how many subjects completed or provided data for the study? _____

3. How many subjects withdrew or discontinued participation? _____

4. Please provide a summary of any reasons provided by participants for withdrawing from the study.

5. Please provide a brief summary of research results/findings.

I certify that, to the best of my knowledge, the information provided on this form is true and accurate.

Principal Investigator Signature _____ Date: _____