IRB RESEARCH CLOSURE FORM

Instructions: This form should be completed when all aspects of the research proposal have been concluded. This means data collection has ceased, participants are no longer being enrolled, no follow-ups with participants are planned, data are no longer being coded or analyzed, and manuscript preparation is complete.

I. General Information

Title of Study:

IRB Protocol #:

Approval Date:

Name of Primary Investigator(s):

Email: **Phone:**

Name of Co-Investigator (if applicable):

Email: **Phone:**

II. Research Status

I certify that the approved research protocol is complete and should be closed. I understand that the closure of this research protocol means that no further data collection, follow-up with participants, coding of data, data analysis, and manuscript preparation that requires personal indefinable information may be conducted. I agree to retain all research materials for at least 3 years after closure of the research project and acknowledge that these documents may be subject to review by the IRB, if deemed necessary.

PI name(s):

PI signature(s) Date:

Supervisor name (if applicable):

Supervisor signature (if applicable): Date:

Attach any summary reports or closure notifications.