



INSTITUTIONAL REVIEW BOARD STUDY CLOSURE AND FINAL REPORT

The Principal Investigator is responsible for submitting the BSU-IRB Study Closure form after concluding all aspects of the research study, including: data collection, participant enrollment, participant follow-up, and data analysis or manuscript preparation using identifiable participant information.

Name of Principal Investigator (First, Last):	
Name of Primary Contact (First, Last):	
E-mail Address of Primary Contact:	
Phone Number of Primary Contact:	
Protocol Number:	
Study Title:	
IRB Approval Expiration Date:	
Date Form Completed:	

PROJECT INFORMATION

Date Project Closed	Reason For Closing Project:
	<input type="checkbox"/> Completed <input type="checkbox"/> Discontinued <input type="checkbox"/> Research never started <input type="checkbox"/> Other _____

Provide any additional detail regarding closure of the study in the space provided below.



Closure: Study Enrollment

Total number of participants enrolled in the study:	
Total number of participants who withdrew from the study:	
Total number of participants from whom data was collected:	
Reason for withdrawals from the study, if known:	

Closure: Adverse Events

Have any unanticipated problems or adverse events occurred during the duration of the approval period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If unanticipated problems or adverse events occurred during the duration of the study, did the Principal Investigator submit an Adverse Event Form to the BSU-IRB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please summarize the adverse events:	

Closure: Study Progress

Briefly summarize the progress of the research to date in the space provided below.

Closure: Data Storage



The Principal Investigator has the responsibility to retain all research materials for at least three years after closure of the research project. These documents may be subject to audit/review by the Institutional Review Board if deemed necessary. Additionally, study materials may be helpful to guide future research.

Briefly summarize the Data Storage and research retention plan in the space provided below.

Closure: Principal Investigator Certification

By signing below, I certify that I am the Principal Investigator or Authorized Designee and certify that the approved research protocol is complete. By submission of this form I request the closure of the approved study noted on this form. I understand that after closure, Principal Investigator or Authorized Designees may not:

- Collect additional data,
- Follow up with participants,
- Conduct data analysis, and or
- Conduct manuscript preparation that requires personal identifiable information.

Submitted by:

Principal Investigator Name (Printed):	
Principal Investigator Signature:	
Date:	

Authorized Designee Name (Printed):	
Authorized Designee Signature:	
Date:	