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| **Use for a final report to close a study.** |
| **IRB Docket No.:** |  |
| **Study Nickname:** |       |
| **Study Title:** |       |
| **Principal Investigator:****(Name, Email Address, Phone)** |       |       |       |
| **Additional Contact:****(Name, Email Address, Phone)** |       |       |       |
| **Enrollment Status** |
| **Number of subjects enrolled:** | Total | Since last approval |  | **Number of subjects enrolled Study Wide:** |
| **Number of subjects completed:** |       |       |       |
| **At this investigator’s site(s):** |       |       |       |
| **Total number of subjects enrolled at this investigator’s site(s) considered members of vulnerable populations:** |
| Children | Prisoners | Fetuses | Cognitively Impaired | Students/Employees | Other/Unknown |
|       |       |       |       |       |       |
| **Date the study was closed**       |
| **Current Protocol Status** *Check all that are true or not applicable.* *Submission of this report is appropriate only if all of the below are true.*  |
| [ ]  | The research is permanently closed to enrollment at this Institution. |
| [ ]  | All subjects enrolled at this Institution have completed all-research related interventions and interactions, including interventions and interactions related to collection of long-term follow-up data. |
| [ ]  | No additional identifiable private information about the subjects is being obtained by this Institution’s investigator. |
| [ ]  | Analysis of private identifiable information at this Institution is completed. *(This can be checked even if a statistical center at another Institution will analyze private identifiable from subjects enrolled at this Institution.)* |

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| **Yes\*** | **No** | **The following Questions refer to all sites involved in the research since the last IRB continuing review:** |
| 1. [ ]
 | [ ]  | Have subjects experienced any harms (expected or unexpected)? |
| 1. [ ]
 | [ ]  | Have there been any unanticipated problems involving risks to subjects or others? |
| 1. [ ]
 | [ ]  | Have any subjects withdrawn from the research? |
| 1. [ ]
 | [ ]  | Have any subjects or others complained about the research?  |
| 1. [ ]
 | [ ]  | In the opinion of the principal investigator, have the risks or potential benefits of this research changed? |
| 1. [ ]
 | [ ]  | Have there been any modifications to the research that have NOT been submitted? |
| 1. [ ]
 | [ ]  | Are there any problems that required prompt reporting that have NOT been submitted? |

Provide one copy of **all** of the following documents:

* Brief summary of any results of the research.
* A summary explanation or description for each question whose answer above is “\*Yes”

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| **Investigator Acknowledgement** |
| * [ ]  By checking here, I attest that the information provided in this form is accurate.
 | Date:       |