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| --- |
| ***Completed by IRB:*** |
| **IRB PROJECT #:**  |
| **[ ]  Exempt/Expedited Review:** **.** |
| **[ ]  Full Review:** **.** |
| **[ ]  Revised:** |

**Institutional Review Board (IRB)**

**CLOSEOUT FORM**

**PLEASE NOTE: If submitting a revised form, please check the Revised box above and highlight ALL CHANGES in yellow.**

|  |  |  |
| --- | --- | --- |
| **Responsible Project Investigator:**  | **Phone:**  | **Email:** |
|        |        |       |

|  |  |  |
| --- | --- | --- |
| **Name of Investigator (if different):** | **Phone:**  | **E-mail:** |
|        |        |       |

|  |  |
| --- | --- |
|  **Department/Program:** | **Sponsor (if funded):** |
|       |       |

|  |  |  |
| --- | --- | --- |
|  **Title of Project:**  | **Project Start Date:** | **End:** |
|        |        |       |

A protocol can be closed when data collection activities including participant recruitment, enrollment, interventions, interactions, and follow-up has been completed. PI may continue with data analysis and dissemination of findings.

 **1. Date of project closure at CSUCI:** \_\_\_\_\_\_\_\_\_\_

 **2. Are any other study sites still open:**  Yes [ ]  No [ ]  Not applicable [ ]

 **3. Reason for closure** [ ] Study concluded [ ]  Other

 Please explain:

 **4. Number of participants who withdrew from the project or who were withdrawn by the PI:**\_\_\_\_\_\_\_\_\_

 **5. Were participants removed from the study?** Yes [ ]  No [ ]

 **6. Have results been disseminated in the form of any manuscripts, abstracts,**

 **presentations, etc.?** Yes [ ]  No [ ]

If yes, please list.

  **7. How will the data be stored and protected henceforth?**

 **8. Can we have your permission to highlight your study in campus publications and year end report?** Yes [ ]  No [ ]

**Please sign below where indicated and return this form, along with any revised documents, to** **irb@csuci.edu****.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature Date

**FOR IRB USE ONLY**

**Date of Original IRB Approval: \_\_\_\_\_\_\_\_\_\_\_ Date of Study Closure:\_\_\_\_\_\_\_\_**

**Level of Approval (check one): Exempt [ ]  Expedited****[ ]  Full[ ]**

**Was the project approved at or above minimum risk? At [ ]  Above[ ]**

The IRB Chair may determine whether the PI needs to provide additional information after reviewing the information

provided on this Closure Form.

**IRB Approval:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reviewer Date