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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 Number of participants who withdrew from the project or who were withdrawn by the PI:**\_\_\_\_\_\_\_\_\_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**](mailto: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