**LEGACY INSTITUTIONAL REVIEW BOARD**

**PROTOCOL CLOSURE FORM**

This form is to be completed at the completion of a research project, i.e. when all aspects of subject involvement in the study are completed (this does not include data analysis).

PRINCIPAL INVESTIGATOR:

SPONSOR:

PROTOCOL #:

TITLE:

SUMMARY:

Date study was approved by IRB: Length of study (months):

Total # of subjects enrolled: \_\_\_\_\_\_\_\_\_\_ #withdrawn prematurely: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First subjects enrolled: Last subject completed:

# of on-site Serious Adverse Events:

SUMMARY OF ADVERSE PATIENT EXPERIENCES:

PRELIMINARY STUDY RESULTS (if available):

REASONS FOR REQUEST FOR CLOSURE:

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

Principal Investigator Date

**TO BE COMPLETED BY THE IRB**

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IRB SIGNATURE Date

Study closed effective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_