

**University of North Alabama
HUMAN RESEARCH PROTECTION PROGRAM**

FORM: REQUEST FOR STUDY CLOSURE (INVESTIGATOR)

Principal Investigator(s):

Email:

Telephone:

College/School/Department:

Study Title:

IRB Project number:

Date of Last Approval:

Study Expiration Date:

I. What is the reason for this closure request? Check only one.

	Reasons for Closure	Needed Information/Action By PI
	1. All study activities, including data analysis, have been completed. <i>(If true, this option covers graduating students and persons leaving UA, as well as UA investigators remaining on campus.)</i>	Complete Subject Numbers table below. In COMMENTS provide brief description of major findings. Sign.
	2. Study enrollment and data collection have been completed; data analysis of DE-IDENTIFIED data remains.	Complete Subject Numbers table below. Provide any needed comments. Sign.
	3. The study was never initiated.	Complete Subject Numbers table. In COMMENTS please explain why study was never initiated. Sign.
	4. The study was initiated but subjects were never enrolled.	Complete Subject Numbers Table. In COMMENTS please state how long the study was open and explain why no subjects were enrolled. Sign.
	5. Investigator is leaving University, wishes to continue study at new site.	Complete Subject Numbers table below. Provide any needed comments. Sign.
	6. Investigator is leaving University, wishes to transfer study to another UNA investigator. <i>(Covers both cases where PI will continue to work on the study with the new UA PI and where he will not. Covers students who leave data for supervisor's continued use.</i>	Complete Subject Numbers table below. In COMMENTS provide contact information for new investigator. Attach his/her letter of agreement. (See POLICY on Closure for additional information to be submitted by new UA investigator. Sign.

II. Final Subject Recruitment and Retention Numbers

Sample size APPROVED BY IRB	
Number of subjects approached for participation over life of study (to date)	
Number of subjects who declined participation after initial presentation of study (before starting)	
Number subjects screened (if applicable)	
Total number of subjects enrolled	
Number of subjects who have completed study	
Number of subjects who withdrew after starting study	
Number of subjects withdrawn from study by investigator (If any, <i>please explain</i>)	
Is recruitment still in progress? (yes-no)	

COMMENTS (See Table above for needed comments.)

Please provide a brief description of the chief study findings if known:

SIGNATURES

NAME of Principal Investigator

SIGNATURE of Principal Investigator

For **CLOSURE REASON 1**, *your signature certifies that enrollment and follow-up are complete. No further contact with participants/records/specimens is anticipated. Data are no longer identifiable by you, all records of codes or links to data have been destroyed, and/or the data itself have been destroyed.*

Date Submitted: _____