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| **For Closing Research Protocols** |
| **All forms must be typewritten, signed, and submitted via email to irb@illinois.edu.** |

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| **When to Use this Form:** The Principal Investigator (PI) should complete and sign this form when the research has been completed or discontinued at UIUC.   * All aspects of the research proposal have been concluded. This means:   + Subject recruitment and enrollment have ceased   + No additional data will be collected   + No follow-up with subjects is planned   + Identifiable data is no longer being analyzed   + Manuscript preparation that requires the use of personally identifiable information is complete * The PI is leaving the University. * The student affiliated with the protocol has graduated and the research is concluded. |

**Section 1. PROTOCOL INFORMATION**

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| **1A. Principal Investigator:** |
| **1B. Protocol Number:** |
| **1C. Project Title:** |

**Section 2. CONFIRM THE STATUS OF THE PROJECT**

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| **Check the box if true. All criteria must be true to close the study:** |
| Permanently closed to enrollment of new participants. |
| All interventions or interactions with participants have been completed. |
| All data collection has been completed. |
| Data analysis is complete. **OR**   Data analysis remaining has had all identifiers removed. |

**Section 3. REASON FOR CLOSURE**

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| **3A. Was the study completed or discontinued? *Choose completed or discontinued.*** |
| **3B. If discontinued, select the reason:** |
| PI is leaving the institution. |
| Lack of funding |
| Insufficient enrollment |
| Other, describe: |

**Section 4. FINAL RECORDS**

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| **4A. Who will be the record custodian?** |
| **4B. Where will the study record be stored?** |
| **4C. Total number of subjects enrolled in the study:** |
| **4D. Total number of subjects who withdrew over the course of the study:** |
| **4E. Since the last IRB review, have any unanticipated problem or adverse events occurred that have not been reported to OPRS?**  Yes  No  **If yes, complete an** [**Adverse Event Form**](https://oprs.research.illinois.edu/forms-templates/forms/adverse-event-report-form) **and send with this form.**  Attached |
| **4F. What results (preliminary or final) have been obtained from the study? If the study is part of a multi-center trial, this should be stated and any available results provided. If there are no results that are appropriate to report to the IRB at this time, this should be stated and explained:** |
| **4G. Please attach any abstracts or publications.**  Attached |

**Section 5. INVESTIGATOR ASSURANCES**

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| I certify that the approved research protocol is complete and should be closed. I understand that the closure of this research protocol means that no further data collection, follow-up with participants, or research activities that use of personally identifiable information may be conducted. I agree to retain all research materials for at least 3 years after closure of the research project and acknowledge that these documents may be subject to review by the IRB, if deemed necessary. |
| **The original signature of the PI is required before this form can be processed (electronic signatures are acceptable).**              \_\_\_\_\_\_\_\_\_\_  Principal Investigator Date |