

# IRB RESEARCH CLOSURE FORM

**Instructions:** This form should be completed when all aspects of the research proposal have been concluded. This means data collection has ceased, participants are no longer being enrolled, no follow-ups with participants are planned, data is no longer being coded or analyzed, and manuscript preparation that requires the use of personal indefinable information is complete.

Section I General Study Information	
Title of Study:	
IRB Protocol #:	
Approval Date:	
Name of Primary Investigator (PI):	
Email:	Phone:
Name of Co-Investigator (if applicable):	
Email:	Phone:

Section II Research Status
Total number of participants who enrolled in the study:
Total number of participants who withdrew from the study:
Total number of participants data/information was collected from:
<p>Since the last IRB review, have any unanticipated problems or adverse events occurred that have not been reported to the IRB?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please summarize these events:</p>
<p>Since the last IRB review, has any relevant information been revealed that may have altered the level of risk to participants?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please explain:</p>

**Section III Research Progress**

Please provide a brief summary of the study results (you may attached a final report, if available):

**Section IV CERTIFICATION**

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, coding of data, data analysis, and manuscript preparation that requires personal indefinable 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.

PI name:

PI signature:

Date:

Supervisor name (if applicable):

Supervisor signature (if applicable):

Date:

*Completed IRB Research Closure Forms should be submitted to [irb@broward.edu](mailto:irb@broward.edu).*