
IRB PROJECT CLOSURE FORM

Instructions: Complete this form when an approved human participant research project is completed or cancelled. This includes completion of the following:

* protocol indicated research activities including interaction with subjects and collection of data or specimens
* collection of data about subjects even when no subject contact occurs
* cleaning of data
* analysis of identified or linked data for research purposes or during the publication process

NOTE: a study **must** remain open if:

* still collecting follow-up data
* sponsors still reviewing collected data
* study submitted for publication when it is likely that publishers will ask for the additional analysis of identifiable data
* continuing data analysis with identifiable data
* any other research use of the data which involves access to identified or linked dta or specimens collected during the conduct of research is complete

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| --- | --- |
| IRB Study #  | Date of Submission: |
| Study Title: |
| Principal Investigator: | Phone #: Email:  |
| VDH Collaborator (if applicable) |
| Number of subjects enrolled (if applicable): |

Human Participant work has ended on this project for the following reason(s):

○ Human participant involvement is complete (no follow-up planned with participants and data no longer contain identifiers that can link them to individuals). See instructions above.

○ Project cancelled for other reason. Please describe.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH A BRIEF 1-2 PARAGRAPH SUMMARY OF THE STUDY FINDINGS AND A LIST OF ALL PUBLICATIONS RESULTING FROM THE STUDY.**

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Signature of Principal Investigator Date

You may submit an electronic copy of the IRB Project Closure Form by emailing the form and required materials to VDHIRB@vdh.virginia.gov

**FOR IRB COMPLETION ONLY:**

Date of Closure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_