



STUDY CLOSURE FORM

Instructions: Please fill out this form completely and save the form with your protocol number as part of the file name. Email the finished form to irb@skidmore.edu. Completion of this form within 30 days of study closure is required by

PI First Name:	PI Last Name:
PI Email Address:	PI Department:
Protocol #	Today s Date:
Title of Study:	

1. **Have all subjects completed all study related visits and procedures?** Yes No
** If no, closure with the IRB is not appropriate at this time*
2. **Is any further contact with subjects needed for reasons related to research?** Yes No
** If yes, closure with the IRB is not appropriate at this time*
3. **Is any further access to identifiable subject data required for research purposes (data analysis, manuscript preparations, etc.)?** Yes No
** If yes, closure with the IRB is not appropriate at this time*
4. **Please identify your study s funding source:** Industry Federal Internal Other N/A
 - a. **If funded, is the study still being funded?** Yes No
** If yes, closure with the IRB is not appropriate at this time*
5. **Did the research result in any publications (or are there any publications pending)?** Yes No
** If yes, please provide references:*
6. **Please provide your reason(s) for study closure (select all that apply):**
 - Data analysis is complete
 - PI is moving to another institution
 - Lack of enrollment
 - There is no more time, funding or personnel to conduct the study
 - Other (please specify):
7. **Are there any pending actions related to previously submitted items (amendment requests, adverse event report, etc.) that have not yet been addressed, or any items not previously submitted to the IRB that require submission to the IRB at this time?** Yes No

If yes, please describe:

8. Please provide a narrative summary of the study:

**9. During the study, have there been
involving risk to participants or others as a result of this study?**