



INSTITUTIONAL REVIEW BOARD

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 Skidmore College's Institutional Review Board Policy and Procedures.

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 any serious adverse events or unanticipated problems involving risk to participants or others as a result of this study? ☐ Yes * ☐ No

* If yes, please describe:

I certify that study records will be kept for three years beyond the conclusion of this study. ☐ Yes ☐ No

Signature of Principal Investigator: *By signing this form, the undersigned acknowledges that any further interaction with the participants in this study or personally identifying information has not been approved by the Skidmore IRB.*

Signature: _____

Date: _____