



<b>IRB OFFICE USE ONLY</b> Last Name _____ IRB Log# _____
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## Texas A&M University- San Antonio IRB Study Closure Report

This form should be completed when all aspects of an approved protocol have been concluded. By completing this form you confirm that data collection has ceased, participants are no longer enrolled or no follow-up is needed, data analysis and manuscript preparation using identifiable private information are complete. Study closure is also needed when the Principal Investigator (PI) is leaving A&M-San Antonio and chose not to submit a request to change PI.

Project Title: \_\_\_\_\_

Principal Investigator Name: \_\_\_\_\_

Campus phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_

Total Participants Approved: \_\_\_\_\_

Total Participants Utilized: \_\_\_\_\_

No Participants

Reason for No Participants:

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Since the last IRB review, have any unanticipated problems or adverse events occurred that have not been reported to the IRB?

Yes     No

If yes, complete and attach the unanticipated event report form.

**I certify that the approved research protocol is closed. I understand that the closure means that no further data collection, follow-up with participants, data analysis and manuscript preparation that requires personal 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.**

Date: \_\_\_\_\_ Principal Investigator Signature: \_\_\_\_\_

FOR OFFICE USE ONLY

Full  Expedited  Exempt

IRB Approval Timeline:            /    /    to    /    /  
\_\_\_\_\_

IRB Final Completion Date:        /    /  
\_\_\_\_\_

Date: \_\_\_\_\_

Acknowledged

**IRB Chair and/or Designee:** \_\_\_\_\_

Typed Name: \_\_\_\_\_