Revised 18 March 2019

**STUDY CLOSURE**

# **Purdue University, Institutional Review Board**

After you have completed your research on an IRB-approved study, federal regulations require that you contact IRB to close the protocol. Use this form to do so, Note that for study closures, you will need to obtain the PI’s signature).

1. Project Title:

2. Principal Investigator:

 (Name, Title, Department, E-mail, Phone)

3. IRB Study Number:

4. Current Approval Expiration Date:

5. Regarding the study that you wish to close identified above, please check all that apply:

[ ]  No further interventions/interactions with participants, no follow-ups, nor access to personally identifiable information for research purposes are occurring.

[ ]  All data analysis involving the research site(s) under this study is complete.

[ ]  Data have been de-identified. No direct identifiers or code key(s) (if data are coded) exist that would allow for the potential identification of participants.

**Funding Information**

[ ]  Grant funds associated with the study are no longer being accessed

[ ]  The study was not funded by an external sponsor

[ ]  An associated sponsored account remains active, the human subject research activities have ended.

 Please provide the sponsor and title of the associated active funding:

6. Since the last IRB approval, did any unanticipated problems involving risks to subjects or others, adverse events, protocol deviations, subject complaints or noncompliance occur that required prompted reporting to the IRB? [ ]  YES [ ]  NO

If YES, please provide a summary of these events either in the space provided or as an attachment, and the date(s) these events were reported to the IRB:

The information supplied to the Human Research Protection Program (HRPP) relevant to closure of this project is complete and accurate. I certify that I will retain study documents including, but not limited to, consent forms and data in a secure manner for at least 3 years following the closure date, (6 years for studies involving HIPAA-protected data). These records are subject to post approval monitoring practices. If I leave Purdue employment before this 3 (or 6) year record-keeping requirement has passed, the records for this study will either be left with a records custodian whose identity will be made known to the IRB prior to departure or transferred to a new institution by proper data transfer practices with the university. I understand and accept my obligations as Principal Investigator.

 Signature of Principal Investigator Date Signed