# PROJECT CL0SURE FORM FOR HUMAN SUBJECTS RESEARCH

## The University of Wisconsin-Parkside Institutional Review Board

Office of Institutional Effectiveness-Director, Research Administration

900 Wood Road

Kenosha, WI 53141

(262) 595-2785

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| **OFFICE**  **USE** | **DATE RECEIVED:** | **DATE VERIFIED COMPLETE:** |

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| **Instructions:** Complete this form when an approved human participant research project is **Concluded** or **Cancelled**. Once a Project Closure Form is submitted – no more data may be collected about any of the subjects/participants in the study. Projects that involve long-term follow-up (either directly from subjects or indirectly from existing records/sources) must remain open, even if enrollment of new participants/subjects has ended. Please send completed and signed Project Closure Form to the Institutional Review Board, Office of Institutional Effectiveness-Director; Research Administration. 900 Wood Road, Kenosha, WI 53141  **Whenever possible:** Please include a final summary of the project with this form. |

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| **Research Project Information** |

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| IRB ID Number: | Department: |
| Principal Investigator(PI): | |
| PI Phone: | PI Email: |
| Project Title: | |
| Faculty Advisor (if applicable): | |
| Number of Subjects Enrolled: | |

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| Reason for Closure |

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| ☐ | Human participant involvement is complete (no follow-up planned with participants and data no longer contains identifiers that can link them to individuals) |
| ☐ | Project no longer funded |
| ☐ | Principal Investigator no longer at UW Parkside |
| ☐ | Project cancelled for other reason. Please specify: |

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| Reminder: The Principal Investigator (PI) is required by federal regulations to maintain records of all correspondence relating to the use of human subjects in research. Copies of the IRB application forms, amendments, notices of approval, and signed Informed Consent documents must be maintained in the Principal Investigator’s records. Copies of these research records must be kept for 3 years after the close of the study/research project, irrespective of the reason for closure.  Location of signed Informed Consent Forms (if applicable): |

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Signature of Principal Investigator Date

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Signature of Faculty Advisor (if applicable) Date

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| Comments |

Additional Comments: