

Application for
CLOSURE

Of an Project Involving Human Subjects

Michigan State University's Institutional Review Boards (IRBs)

Biomedical & Health Institutional Review Board (BIRB)

Community Research Institutional Review Board (CRIRB)

Social Science / Behavioral / Education Institutional Review Board (SIRB)

Fill out this form if your project has been permanently completed or terminated.

IRB Contact Information

Phone: (517) 355-2180 **Fax:** (517) 432-4503 **Email:** irb@msu.edu **Office Hours:** Mon– Fri (8AM – 5PM)
Address: Michigan State University / Olds Hall / 408 West Circle Dr., Rm. 207 / East Lansing, MI 48824

DIRECTIONS: Complete all questions. This closure form may be submitted via email from the MSU account of the Responsible Principal Investigator. If this is not being sent via email, the Responsible Principal Investigator must sign.

IRB#:	Responsible Investigator:	Today's Date:
Title:		

1. **Reason for Closure.** Why is this project being closed?

2. No Yes **Lapse.** Has there been a lapse between your current project expiration date and the submission of this closure application? If yes, complete A.

- A. No Yes Have any research activities (e.g., data collection, data analysis) occurred after the project's expiration date? If yes, complete B.
- B. Please provide a description of the research activities that occurred after the project's expiration date. Be sure to address the following issues in your description: whether subjects were recruited or enrolled, whether subjects were contacted, number of subjects enrolled or contacted (if applicable) and whether data was analyzed. Be as complete as possible in your description.

3. **Data Storage.**

A. Can the identity of any subjects be readily ascertained by the investigator or associated with the information (e.g. code to identifiers)?

B. Who has copies of the data?

C. How do you plan to store and protect the data?

PLEASE CONTINUE FORM ON NEXT PAGE

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V12.2

FOR OFFICE USE ONLY Reviewer Approval _____ Date _____ Agenda _____ Comments:

4. **Summary.** Please provide a brief summary of your study including relevant findings.

5. **Publications.** List all relevant publications resulting from this project.

6. **Subject Enrollment.**

- A. _____ Total number of subjects enrolled in entire project period by your study team
- B. _____ If this is a collaborative project, total number of subjects enrolled in entire project period

7. No Yes **Subject Withdrawal.** Have any recruited subjects withdrawn from the research in the last approval period? If yes, complete the following:

- A. _____ Number of withdrawals
- B. Please provide a summary and reasons for withdrawal below.

8. No Yes **Unanticipated Problems or Adverse Events.** Have there been any unanticipated problems or adverse events in the last approval period? If yes, complete the following:

- A. _____ Number of adverse events in the last approval period in your study team
- B. _____ Total number of adverse events in the last approval period
- C. _____ Number of unanticipated problems in the last approval period
- D. Please provide a summary of adverse events and unanticipated problems.

9. No Yes **Complaints.** Have there been any complaints by the subjects or their representatives related to their participation in this study in the last approval period? If yes, complete the following:

- A. _____ Number of complaints
- B. Please provide a summary of complaints below.

As the responsible investigator, I verify that the provided information is complete and accurate. I request that this study be closed.

SIGN HERE: _____ **DATE:** _____

Note: Without signature, application cannot be processed. Email from the Responsible Investigator's MSU email account will substitute for signature.