Closure Process:

1. Download and complete the “Project Closure Form” on the subsequent pages.
2. Email [irb@gcsu.edu](mailto:irb@gcsu.edu) to have your application unlocked (you do not need to attach this form in the email; rather, just request that your application be unlocked so that you can upload your closure form).
3. Once your application is unlocked (you will receive a notification that “modifications are required”), you can upload this completed closure form to the “documents” area and re-submit.
4. Once the IRB administrators are in receipt of your closure form, you will receive a notification that your application is “with moderator” which means that it has been moved out of the active projects list.



**Institutional Review Board**

**Office of Academic Affairs**

Email: irb@gcsu.edu

**Official Closure of Approved and Active Project**

*For assistance, please contact irb@gcsu.edu*

|  |  |
| --- | --- |
| **Project Title & Principal Investigator** | **Protocol Number** |
|  |  |
| **Original Approval Date** (MM/DD/YYYY): |  |
| Was your original protocol/project approved through (please select one):  Exemption? ☐  Expedited review? ☐  Full review? ☐ | |

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| **INVESTIGATOR CONTACT INFO** |
| Has the contact info for any investigators changed since your approval? If so, please indicate correct/current contact info below: |

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| **GENERAL REASON FOR CLOSURE** |
| What is the general reason for your closure request? (e.g., completed study, leaving university, unanticipated issues in study, etc.) |

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| **RESEARCH STATUS** |
| Have you completed data collection for this project?  ☐ Yes  ☐ No  If no, please explain: |
| How many participants have been recruited for this project to date? |
| Do you plan to recruit additional participants in the future?  ☐ Yes **(If yes, please use Continuing Review / extension process)**  ☐ No |
| Do you plan to continue to collect data with previously recruited participants?  ☐ Yes (**If yes, please use Continuing Review / extension process**)  ☐ No |

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| **PROJECT UPDATES and ADVERSE EVENTS** |
| Have there been any complaints about the research since the protocol was approved or extended by the IRB?  ☐ Yes  ☐ No  If yes, please provide complete information regarding complaints received: |
| Have there been any adverse events or unanticipated problems involving risks to the participants or others since the protocol was approved or extended by the IRB?  ☐ Yes  ☐ No  If yes, please provide complete information regarding adverse events or problems: |
| Have any participants withdrawn their consent to participate in the study?  ☐ Yes  ☐ No  If yes, please list the number and explain: |

|  |  |
| --- | --- |
| **DIGITAL SIGNATURES by Indicating Dates Name and Date** | |
| The principal investigator may sign and date this request. Please type your full name and date in the box to the right. |  |
| If the principal investigator is a student, the faculty adviser must sign and date this request. Please type your full name and date in the box to the right. |  |

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| FOR IRB USE ONLY | |
| Decision: |  |
| Date: |  |
| Reviewer(s): |  |
| Comments: |  |