**IRB PROJECT CLOSURE FORM**

**CURRENT DATE:**

**PROJECT TITLE**:

**PROJECT NUMBER:**

**PRINCIPLE INVESTIGATOR**:

Name:

Department:

Degrees:

Campus Mailing Address:

Campus Phone:

E-mail Address:

**CO-INVESTIGATORS NAMES:**

**DATE OF IRB APPROVAL**:

(IRB Approval expires one year from this date)

**NUMBER OF SUBJECTS ENROLLED IN RESEARCH:**

**EXPLANATION OF ANY CHANGES MADE POST APPROVAL:**

**REASON FOR CLOSURE:**

**PLEASE CHECK A MANY AS APPLY:**

**\_\_\_\_\_\_\_\_** All subjects have completed all procedures and visits related to the study

\_\_\_\_\_\_\_ All contact with human subjects is complete

\_\_\_\_\_\_\_\_\_All datasets have been stripped of identifiers.

\_\_\_\_\_\_\_\_\_Data analysis is complete

\_\_\_\_\_\_\_\_\_ If is a clinical trail, have findings been posted

\_\_\_\_\_\_\_\_ Project is no longer funded.

\_\_\_\_\_\_\_\_ Project cancelled

\_\_\_\_\_\_\_\_ Project director no longer at Lubbock Christian University.

\_\_\_\_\_\_\_\_ Other (Please Explain)

**DATA:** All data has been stored in a secure location and will remain there for at least three years. \_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_no

**SUMMARY OF FINDINGS:**