**IRB PROJECT CLOSURE FORM**

**CURRENT DATE: PROJECT NUMBER:**

**PROJECT TITLE**:

**PRINCIPLE INVESTIGATOR**:

Name:

Department:

Degrees:

Campus Phone:

E-mail Address:

**CO/SUB-INVESTIGATORS NAMES:**

**NAME OF FACULTY SPONSOR:**

**DATE OF IRB APPROVAL** (approval expires one year form 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 trial, findings been posted

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

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

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

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

**DATA:** All data is stored in a secure location and will remain there for at least three years. \_\_\_\_\_ yes \_\_\_\_\_ no

**SUMMARY OF FINDINGS:**