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| **C:\Users\TLindsay\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.MSO\16483DF4.jpg** | | | **INSTITUTIONAL REVIEW BOARD**  **940-898-3378 (Denton & Dallas)**  **713-794-2480 (Houston)**  **https://twu.edu/institutional-review-board-irb/** | | | **CLOSE STUDY REQUEST** | |
| **Email the completed form to** [irb@twu.edu](mailto:irb@twu.edu)**. To facilitate the processing of the request, please include the PI name, campus, and protocol number in the subject line.** | | | | | | | |
|  | | | | | | | |
| **1. Protocol #** | |  | | | **2. Campus** | |  |
|  | | | | | | | |
| **3. Principal Investigator** | | | | **Last Name, First Name** | | | |
| **4. Title of Study** | | | |  | | | |
|  | | | | | | | |
| **FINAL REPORT** | | | | | | | |
| **1.**  **Study was completed  Study was discontinued**  **2. Total number of participants enrolled in the study:** | | | | | | | |
| **3. Relevant participant experiences (benefits, adverse events, complaints, withdrawals from study):** | | | | | | | |
|  |  | | | | | | |
| **4. Research results.** | | | | | | | |
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| **CONSENT FORMS** | | | | | | | |
| If a signed consent form was used, the original consent forms should be kept on file by the PI and copies of all pages of the consent forms should be placed on file with the IRB. Please note that the study cannot be closed until the IRB receives copies of the signed consent forms. The number of consent forms received should match the number of subjects enrolled in the study as indicated in question #2. If there is a discrepancy, please explain in the other information section below.  Signatures were not obtained because written consent requirements were waived or electronic consent was used;  Signatureswere obtained and have been placed on file with the IRB.  **Please note that this file close request cannot be accepted by the IRB until the copies of the consent forms are received by the IRB office or attached to the file close request.** | | | | | | | |
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| **OTHER INFORMATION** | | | | | | | |
| **Provide any additional information here.** | | | | | | | |
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| **ASSURANCES: By emailing this request I certify that all research-related interventions or interactions with human subjects have been completed, and all data collection and analysis of identifiable private information described in the IRB-approved research plan have been finished.** | | | | | | | |

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| **For office use only:** |
| **Date Received:**  **Other notes:** |