**Closure of an IRB Approved Project**

Principal Investigator:

Faculty Advisor:

Email:

Title of project:

IRB Approval #:  Original Approval Date:

In the spaces below provide information about your research subjects. In the “Number of Subjects that Participated,” be sure to include all subjects who started the study, even if they did not finish.

Original Number of Subjects Approved:

Number of Subjects that Participated:

Number of Subjects that Completed the Approved Protocol:

Explain any differences in the number of subjects that participated versus the number that completed the study. Were there any adverse events that affected the subjects’ ability to complete the protocol? If so, remember to fill out an adverse effect form along with this form.

How will you dispose of data and all identifying information? Reminder: The federal government requires data to be retained for at least three years.

I certify that this project is complete, no further data related to this project will be collected, and all of Clarke University’s required policies and procedures were followed.

Signature of Principal Investigator Date

If applicable: I certify that this project is complete. I worked with this student to ensure that all ethical procedures were followed.

Signature of Faculty Advisor Date