**Project Closing Form**

**Researcher Name:**

**Research Project Title:**

**Section I: Current Status of Study**

**[ ]** Study was not initiated.

Explain:

[ ]  Study closed prior to completion.

Date closed:

Explain:

[ ]  Study completed; project can be closed.

Date completed:

**NOTE: This study can only be closed under the following circumstances and conditions:**

1. There will be no further interaction/intervention with subjects, including follow-up, or access to subjects’ personally identifiable information for the purpose of research data collection. (Please note that after a study is closed interaction and intervention with human subjects is not permitted).

**AND**

1. ***Either*** of the following (*mark the appropriate box*)

[ ]  All data analysis involving the research site(s), under the FSCJ IRB approval, is complete. (Please note that after a study is closed, using, studying, or analyzing identifiable private information is not permitted).

**AND/OR**

**[ ]** Data have been de-identified, with no codes or keys that would allow for the potential of identifying individuals in the future.

If you have de-identified data, please describe how that was accomplished:

**Section II: Subject Summary**

**[ ]** Check here to confirm that research records (e.g., signed informed consent forms, copies of research proposals, progress reports, injury reports, records of continuing review, information about significant new findings) will be retained for at least 3 years after completion of the research (see [45](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.115) [CFR 46.115](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.115)). Please note that these records must be stored as outlined in your approved protocol. If data or records are covered by HIPAA, those materials will need to be maintained for 6 years from creation date or date of last effect, whichever is later.

Did any subjects withdraw from the study?

[ ]  No

[ ]  Yes, state the reasons for withdrawal (if known):

**Applicant Certification**

By submitting this form, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herein known as the Researcher assures that all information provided is accurate and that the following guidelines will be followed:

* 1. The Researcher will maintain records according to federal, state, and institutional regulations and guidelines. Please maintain these records for a minimum of three years.
	2. The Researcher will report and follow-up on any adverse events or unanticipated problems involving risk.
	3. The Researcher assures that no further research is conducted, including analysis of identifiable data without IRB approval.

Researcher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_