

**INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS PROJECT CLOSURE FORM**

Today's Date:

Project Title:

IRB#:

Principal Investigator:

School/Department:

Email Address:

Phone:

Co-Investigator:

School/Department:

Email Address:

Phone:

If additional co-investigators are working on this project, please attach a separate sheet with their information.

PROJECT CLOSURE INFORMATION

1. Reason for closing the project:

Project completed.

All procedures related to human subjects have been completed and all participants have completed any required follow-up.

Project not conducted or canceled.

If not conducted/completed, please explain:

2. Describe your data security and retention plan. Contact irb@dsu.edu if additional information is needed:

Principal Investigator Signature

Date

Co-Investigator Signature

Date