## **Study Closure Report**

This form is appropriate for use when a PI would like to close a research project, previously approved by the IRB. This form is not designed to request renewal (see the Continuing Research Renewal Request), to report adverse/unexpected events (see the Unanticipated Risk-Adverse Event form), or to request changes to the approved protocol (see the Amendment to Research Protocol form). Email this form to [irb@calbaptist.edu](mailto:irb@calbaptist.edu) with all necessary documentation.

**IRB Application Number (located on your approval letter):** Click here to enter text.

**Date of Original IRB Approval (located on your approval letter):** Click here to enter text.

**Principal Investigator (PI) Information**

**PI Name:** Click here to enter text.

**PI Preferred Salutation:** Choose an item.

**PI college/school at CBU:** Click here to choose a School

**PI Position (Asst. Prof, Undergraduate student, etc.):** Click here to enter text.

**PI email:** Click here to enter text.

**PI phone:** Click here to enter text.

**Date of Study Closure:** Click here to enter a date.

**Original Research Project Title:** Click here to enter text.

**Co-PI Information** (delete this section if there is no Co-PI; copy if additional PIs need to be listed).

**Co-PI Name:** Click here to enter text.

**Co-PI Preferred Salutation:** Choose an item.

**Co-PI college/school at CBU:** Click here to choose a school

**Co-PI Position (Asst. Prof, Undergraduate student, etc.):** Click here to enter text.

**Co-PI email:** Click here to enter text.

**Co-PI phone:** Click here to enter text.

**Faculty Advisor Information** (delete this section if there is no faculty advisor; *all student research requires a faculty advisor*.)

**Faculty Advisor Name:** Click here to enter text.

**Faculty Advisor Preferred Salutation:** Choose an item.

**Faculty Advisor college/school at CBU:** Click here to choose a school

**Faculty Advisor Position:** Click here to enter text.

**Faculty Advisor email:** Click here to enter text.

**Faculty Advisor phone:** Click here to enter text.

**How many human participants participated in this research?** Click here to enter text.

**Please address each of the following, as relevant during the period of IRB approval for this research, including a description of steps taken by the research team:**

* 1. **Any adverse events/unanticipated problems involving risks to participants**

Click here to enter text.

* 1. **Any participants withdrawing from the research**

Click here to enter text.

* 1. **Any complaints about the research**

Click here to enter text.

**Please provide a brief summary of the research findings, including a description of dissemination (completed, in process, or planned).** Click here to enter text.

**Signatures** (typed signatures are sufficient; severe penalties are enforced when false signatures are typed by someone other than the named individual. Delete any unnecessary fields; duplicate any signature fields required.)

*As the PI, I/we certify the information included in this report is accurate and complete.*

**PI Signature and Date:** Click here to enter text.Click here to enter a date.

**Co-PI Signature and Date:** Click here to enter text.Click here to enter a date.

*As the faculty advisor, I certify the information included in this report is accurate and complete.*

**Faculty Advisor and Date:** Click here to enter text.