**Institutional**

**Review**

**Board**

**Mercy College of Health Sciences: Institutional Review Board (IRB)**

**Final Report: Closure of a Study**

***Closure of a study means*** that no further research, follow-up or data analyses will be performed. A study is not closed simply because no additional subjects will be enrolled.

Principal Investigator:

Email:

Phone Number:

Study Title:

IRB Reference #:

Study Site:

Co-Investigator, if applicable:

Reason for Closure:

Recruitment/Participant Information—complete the following:

* Number of Participants screened (signed consent form):
* Total number of participants who were dropped or who withdrew early:
* Total number of participants who have completed the study:
* Did any serious and/or unexpected adverse events occur during the course of this study NOT PREVIOUSLY REPORTED TO THE MERCY COLLEGE IRB? If “Yes”, please attach

Documentation.

* Did any protocol deviations occur during the course of this study which were NOT

PREVIOUSLY REPORTED TO THE MERCY COLLEGE IRB? If “Yes”, please attach documentation.

* How will data from this research be used post-closure?
* Please give a short summary of the final outcomes of the study.
* Attach any relevant reports related to the final outcome of this study.

**Final Report Principal Investigator statement:** The information provided in this form is true and accurate to the best of my knowledge. No further research, follow-up analysis or subject treatment associated with this study will continue past the date given below.

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

Updated: 4.`3.2021