*To close your project, please complete this form and submit to* *irb@uwsp.edu**.*

Principal Investigator:

Co-PI (if applicable):

Protocol Number:

Protocol Title:

Current Approval Period Start Date:       Expiration Date:

Please check one of the following:

[ ]  Study was never conducted. Please close the file.

[ ]  Study is complete. Identifiable data analysis is complete. Please close the file.

[ ]  Study will be transferred to new Institution. Indicate date to close Protocol at UWSP:

Study Summary

1. How many participants have been enrolled in the study to date?
2. Did any participants withdraw from the study? If yes, how many?
3. Were there any complaints reported by study participants? If yes, explain:
4. Were there any adverse or unanticipated events? If yes, explain:

***NOTE: All adverse or unanticipated events must be reported to the IRB within 72 hours of the event.***

1. Where are the data stored?

|  |  |
| --- | --- |
| Principal Investigator Signature |  Date |

|  |  |
| --- | --- |
| Faculty Advisor Signature (If applicable) |  Date |

**IRB Use Only Below This Line**

Status: [ ]  Closed [ ]  Extension Requested [ ]  Modification Requested

Original Protocol Review Category: [ ]  Exempt [ ]  Expedited [ ]  Full Board

New Review Category: [ ]  Exempt [ ]  Expedited [ ]  Full Board

Date:

Comments: