**UTTC Institutional Review Board (IRB) for Protection of Human Subjects**

**Protocol Closeout Form**

Congratulations on completing your study! Please complete and submit this form to the IRB prior to the expiration date in order to closeout your research project.

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| --- | --- |
| Project Title: |  |
| IRB Protocol # |  | Closeout Date: |  |
| Principal Investigator (PI):  |  |
| Email: |  | Phone: |  |
| Co-Investigator (if applicable) |  |
| Email: |  | Phone: |  |
| UTTC Sponsor (if applicable) |  |

Protocol Information:

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| --- | --- | --- |
| How many subjects consented or enrolled in the study? |  |  |
| How many subjects completed? |  |  |
| How many subjects were withdrawn from the study? |  |  |

Reasons for withdrawal if applicable:

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Were there any unanticipated problems, serious adverse events, or protocol deviations not previously reported?



If yes, please provide an explanation:

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Were there any changes or amendments to the protocol, consent form, risk/benefit, unanticipated problems, study staff or any other study related changes that were not previously reported to the UTTC IRB??



If yes, please provide an explanation:

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|  |

Protocol Closeout Assurances:







If the research was not conducted, please provide an explanation:

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I certify that the statements herein are accurate and complete.

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

*Email form to* *irb@uttc.edu*