

Form F: Notification of Closure Form

Investigator(s): List all Faculty, Staff, and/or Students conducting this research:

Name	Location	Phone
P.I. _____	_____	_____
Co-P.I. _____	_____	_____
Co-P.I. _____	_____	_____

Faculty Sponsor (if applicable) _____

Designate one person as the primary contact to receive IRB communications and provide an address.

Name of Primary Contact	Address
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Title of Research Project: _____

Date: _____

Date of Initial Approval: _____

CIRCLE Type of Initial Review: Exempt Expedited FULL IRB

RESEARCH UPDATE

A. Please make a selection that most closely describes the status of your research and provide answers to the questions.

- This research is complete. Only analysis of data continues.
- This research is completed and/or discontinued.

B. Provide the number of subjects who have participated in this research

- a. since last year's approval: _____
- b. since initial approval: _____
- c. number of participants approved in initial application: _____

I certify that the above information is correct:

I have read and approved of the protocol:

Investigator

Date

Faculty Sponsor (if appropriate)

Date