**Francis Marion University  
Institutional Review Board**

**Final Study Closure Report**

Please, complete this form, scan, and email to therzog@fmarion.edu when you have completed running all subjects in your study and have closed admissions to the study.

|  |  |
| --- | --- |
| Title of Study |  |
| Proposal Number: |  |
| Principal Investigator: |  |
| Date of Closure: |  |

Condition of Closure:

|  |  |
| --- | --- |
|  | Completion of all data collection |
|  | Closed due to changes in staffing |
|  | Initial results indicated major modifications of design |
|  | Ending of funding |
|  | Other, explain: |

Summary Information:

|  |  |
| --- | --- |
| Total number of participants in the study: |  |
| Number of FMU students who participated in study: |  |
| Number of subjects from other locations who participated in the study: |  |
| Number of subjects who withdrew from the study after completing the informed consent(attach a summary of the reasons for the withdrawals) |  |

If you received any audits or reviews associated with your study due to location, funding, etc., then please attach a copy of the audit(s).

Please forward an electronic copy of the final research report to the Chair of the IRB.

Comments:

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