



Jackson State University® Institutional Review Board (IRB)
Research Closure Form

Complete and submit ONE copy of this form if participants are no longer being enrolled in the study, participants are no longer active in the study and data analysis is complete.

Protocol Information:

Protocol Title: Click here to enter text.

Principal Investigator: Click here to enter text.

Enrollment:

Total number of participants enrolled: Click here to enter text.

Total number of participants who completed study: Click here to enter text.

Withdrawals:

Total number who withdrew early due to an adverse event within the context of the study: Click here to enter text.

Total number of participants who withdrew early NOT due to an adverse event: Click here to enter text.

Undesirable Events:

Total number of undesirable events requiring notification of the IRB: Click here to enter text.

Complaints:

Did the subjects have any complaints about the study (mark an "x" in one of the boxes and respond below if appropriate)? YES [] NO []

If Yes, please describe in the box below:

Click here to enter text.

Study Closure:

Please provide a brief explanation of why this protocol is being closed (in the box below).

Click here to enter text.

Signature of Principal Investigator

Click here to enter text.

Date

Click here to enter a date.

Signature of Faculty Advisor (if applicable)

Date Click here to enter a date.