



STUDY CLOSURE AND FINAL REPORT FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

The Principal Investigator is responsible for submitting the MSU IRB Study Closure and Final Report form after conducting all aspects of the research study, including data collection, participant enrollment, participant follow-up, and data analysis or manuscript preparation using identifiable participant information. Send completed forms to the Office of Research Compliance, Institutional Review Board (IRB) IRB.research@morgan.edu.

Name of Principal Investigator (First, Last):	
Name of Primary Contact (First, Last):	
E-mail Address of Primary Contact:	
Phone Number of Primary Contact:	
Protocol Number:	
Study Title:	
IRB Approval Expiration Date:	
Date Form Completed:	

Date Project Closed:	Reason for Closing Project:
	<ul style="list-style-type: none"> ● Completed ● Discontinued ● Research Never Started ● Other

Provide any additional details regarding closure of the study in the space provided below:

Closure Study Enrollment

Total number of participants enrolled in the study:	
Total number of participants who withdrew from the study:	
Total number of participants from whom data was collected:	
Reason for withdrawal from the study; if known:	

Closure: Adverse Events

Have any unanticipated problems or adverse events occurred during the duration of the approved period?	<ul style="list-style-type: none"> ● Yes ● No
If unanticipated problems or adverse events occurred during the duration of the study, did the Principal Investigator submit an Adverse Event Form to the MSU IRB?	<ul style="list-style-type: none"> ● Yes ● No
If yes, please summarize the adverse events:	

Closure: Study Progress

Briefly summarize the progress of the research to date in the space provided below:

Closure: Data Storage

The Principal Investigator has the responsibility to retain all research materials for at least three years after closure of the research project. For federally sponsored awards, the time commitment may exceed 7 years. These documents may be subject to audit/review by the Institutional Review Board if deemed necessary. Additionally, study materials may be helpful to guide future research.

Briefly summarize the Data Storage and research retention plan in the space provided below:

Closure: Principal Investigator Certification

By signing below, I certify that I am the Principal Investigator or Authorized Designee and certify that the approved research protocol is complete. By submission of this form, I request the closure of the approved study noted on this form. I understand that after closure, Principal Investigator or Authorized Designee may not:

- Collect additional data
- Follow up with participants
- Conduct data analysis, and/or
- Conduct manuscript preparation that requires personal identifiable information

Submitted by:

Principal Investigator Name (Printed):	
Principal Investigator Signature:	
Date:	

Authorized Designee Name (Printed):	
Authorized Designee Signature:	
Date:	

Adapted from the Institutional Review Board forms of Bowie State University

<https://bowiestate.edu/about/administration-and-governance/division-of-research-and-innovation/office-of-research-and-sponsored-programs/research-compliance/institutional-review-board.php>