

**SAMFORD UNIVERSITY**  
**HUMAN SUBJECTS PROJECT CLOSURE FORM**

**Instructions:** Complete this form when an approved human subjects research project is **CONCLUDED** or **CANCELLED**. Projects that involve long-term follow-up of subjects must remain open, even if enrollment of new subjects has ended. Please send completed and signed Project Closure Form to the Samford University IRB Chairperson.

IRB ID Number: \_\_\_\_\_  
Principal Investigator(s): \_\_\_\_\_  
Faculty Sponsor (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_  
Department: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
\_\_\_\_\_

**Work has ended on this project for the following reason(s):**

- Project completed – no further contact with human subjects is planned
- Project not funded – project never began and no human subjects enrolled
- Project cancelled for other reason (please specify): \_\_\_\_\_
  
- Project ongoing – **IRB EXTENSION OF PROJECT FORM MUST BE SUBMITTED**

**Brief summary of results found from this study:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did any adverse events/reactions occur with this project?**

- No adverse events/reactions – if **NO**, please sign at the bottom of the page
- Yes – *anticipated* as included in protocol or stated in consent form
- Yes – **unanticipated**, not part of protocol or consent form language

**If YES, were adverse events/reactions reported to IRB committee?**

- Yes, reported on (date) \_\_\_\_\_
- No, not reported – **ADVERSE EVENT FORM MUST BE COMPLETED AND TURNED IN WITH CLOSURE FORM**

I certify that the approved protocol and the approved method for obtaining informed consent were consistently and correctly followed during the period covered by this IRB authorization, and that the study now has been completed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Sponsor (if applicable)