# Study Closure Report

Do *not* submit this form until **all** study activities are completed. (for FWA studies, this includes data analysis)

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| **Section I: Contact Information** |

|  |  |
| --- | --- |
| Investigator |  |
| Investigator Name: |  |
| Street Address: |  |
| City, State, Zipcode |  |

|  |  |
| --- | --- |
| **Study Site:** |  |

|  |  |
| --- | --- |
| **S****ponsor Name:** |  |

|  |  |
| --- | --- |
| **P****rotocol Name/ Number:** |  |

**Contact Information and Relevant Training**

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| **Section II: Investigation Site Information** |

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| --- | --- | --- |
| **Site History** | |  |
| Number of subjects consented/enrolled? (if zero, sign and submit form) | |  |
| Number of subjects completed? | |  |
| Number of subjects withdrawn? | |  |
| Reasons for withdrawal: | | |
| Were there any unanticipated problems/Serious Adverse Events/Protocol deviations not previously reported? | | Yes No |
| If yes, please explain: |  | |

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| **Section III: Study Changes or Amendments** |

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| Were there any changes or amendments to the protocol, consent form, risk/benefit, unanticipated problems, study staff or any other study related changes that were not previously reported to Pearl IRB? | Yes No |
| If yes, please explain: |  |

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| --- |
| ***I agree and confirm that the information above is accurate and complete*** |
| **Signature of Principal Investigator**   |  |  |  | | --- | --- | --- | |  | Date: |  |   Printed name of Principal Investigator   |  | | --- | |  | |

All forms should be emailed to [forms@pearlirb.com](mailto:forms@pearlirb.com).