# Study Closure Report

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

|  |
| --- |
| **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**

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

|  |  |
| --- | --- |
| **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| Number of subjects withdrawn?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: |       |

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

|  |  |
| --- | --- |
| 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: |       |

|  |
| --- |
| ***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.