

Le Moyne College Institutional Review Board

**PROJECT CLOSURE FORM**

Upon completion of all **Form C** approved research projects, this Project Closure Form must be submitted to the Institutional Review Board.

Please fill out this form completely and submit it to the IRB co-chairs at [irb@lemoyne.edu](mailto:irb@lemoyne.edu).

**Section I: Approved Study Information**

Date Submitted:

Name of Investigator(s):

IRB Application Number:

Project Title (*as it appears on approved application*):

Approval Date of Application (*or latest extension*):

Date project was completed:

**Section II: Summary of Human Subjects-related Research Activities**

1. Number of Subjects:

a) Number of subjects the study was approved to recruit: \_\_\_\_\_

b) Number of participants who participated: \_\_\_\_\_

c) Number of participants who withdrew: \_\_\_\_\_

2. Did you make any changes to either your project's methods and procedures or consent process during the course of your research?      \_\_\_ YES      \_\_\_ NO

3. Did your research involve any unanticipated problems involving risks to participants or others, risks to confidentiality, or other adverse events?      \_\_\_ YES      \_\_\_ NO

4. Did any participants withdraw from the research, or voice complaints about the research?      \_\_\_ YES      \_\_\_ NO

5. Have you made the proper arrangements for your research records and consent forms to be stored at Le Moyne College for the required three year time period?      \_\_\_ YES      \_\_\_ NO

**Section III: Explanation**

If you answered YES to questions 2, 3 or 4 above, and/or if you answered NO to question 5, please explain your responses in the space below. Use an additional page if necessary.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Sponsor

\_\_\_\_\_  
Date