

Document Name:	<b>Approval of IRB</b>
Document Number:	DUHS / RES/ IRB / SOP / 01

**STUDY CLOSURE FORM**

Principal Investigator	
Study Title	
Study number	
Start date	
End date	
Study status at closure <ul style="list-style-type: none"> <li>• Study was completed</li> <li>• Study closed prematurely</li> <li>• Study was not started</li> <li>• Study is being transferred to other site</li> </ul>	
Reason for premature closure or transfer to other site	
Summary of study results	
List publications arising from study (a draft of proposed publication may be attached)	
Confirm destruction and provide assurance that destruction of participant's identifiers.	

Signature of Principal Investigator:

Date