**Baton Rouge Community College**

**Institutional Research Board**

**Close Out Study Form**

**PROJECT TITLE:**

**IRB Approval Expiration Date:**

**PRINCIPAL INVESTIGATOR:**

Name:

E-Mail Address:   
  
Phone number:

Department:

**CURRENT STATUS OF RESEARCH PROJECT:**

1. Data collection is complete. Yes No

2. Analysis of data is complete. Yes No

3. Have there been changes in Principal or Co-Principal Investigators? Yes No

(If **yes**, indicate the current Investigators on an attached sheet.)

4. Have there been any adverse events that need to be reported to the IRB? Yes No

(If **yes**, provide details on an attached sheet.)

**Principal Investigator Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRB Approval**

**IRB Chair Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRB Chair Name (Printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_