

**Brown University**

**Research Study Closure Request**

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| **Study Title:** | Enter text. |
| **Principal Investigator:** | Enter text. |
| **Faculty Advisor:** | Enter text. |
| **Email Address:** | Enter text. |
| **Protocol Number:** | Enter text. |
| **Expiration Date (if applicable):** | Enter a date. |

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| **PART I: PROTOCOL STATUS** |
| 1. The study is permanently closed to recruitment and enrollment.

[ ]  Yes [ ]  No 1. All participants have completed research-related interventions or interactions including long-term follow-up activities.

[ ]  Yes [ ]  No1. ALL identifying information for study data and/or biospecimens has been destroyed with no means of re-identification.

[ ]  Yes [ ]  No |
|  | **If you answered “no” to any of the above questions, your project includes human subjects research and cannot be closed.** |

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| **PART II: COLLABORATING ORGANIZATIONS** |
| 1. Does your study involve any [collaborating organizations](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control-research-data-management-and-data-use-agreements/irb/hrpp-glossary#collaborating)?[ ]  Yes [ ]  No (Skip to [PART III: SPECIAL CONSIDERATIONS](#gjdgxs))
2. Does Brown serve as the [IRB of Record](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control-research-data-management-and-data-use-agreements/irb/hrpp-glossary#ior) for any of the collaborating organizations?[ ]  Yes [ ]  No (Skip to [PART III: SPECIAL CONSIDERATIONS](#gjdgxs))
	1. All research activities have been completed at ALL collaborating organizations.

[ ]  Yes [ ]  No (*Study cannot be closed until research activities are completed*)* 1. All research data at collaborating organizations have been [anonymized](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control-research-data-management-and-data-use-agreements/irb/hrpp-glossary#anonymous) with no means of re-identification.

[ ]  Yes [ ]  No (*Study cannot be closed until data is anonymized*)* 1. Collaborating organizations have been given 30 days’ notice of pending study closure.

[ ]  Yes [ ]  No (*Study cannot be closed for 30 days or until acceptance by collaborating organizations*) |
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| **PART III: SPECIAL CONSIDERATIONS** |
| 1. Is your study FDA regulated or does it involve an FDA-regulated product?

[ ]  Yes [ ]  No (Skip to question 2)  |
| [ ]  | I certify that I have completed all requirements for study closure in accordance with FDA regulations. |
| 1. Does your study have any specific funding/contractual terms and conditions that affect study closure?

[ ]  Yes [ ]  No (Skip to question 3) |
| [ ]  | I certify that I have reviewed all sponsored-funding terms and conditions and am under no obligation to keep this study open. |
| 1. Is your study a [clinical trial](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control-research-data-management-and-data-use-agreements/irb/clinical-trials)?

[ ]  Yes [ ]  No (Skip to next section) |
| [ ]  | I certify that I have reviewed and will abide by the clinical trial registration, reporting, and consent form posting requirements. |
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**Principal Investigator certifies the following:**

By my signature below, I certify that the project is eligible and ready for study closure. Ethical oversight for this protocol will be terminated as of the date of HRPP acceptance specified in the signature box below.

**Principal Investigator signature:**  **Date:** Click here to enter a date.



**An Advisor’s signature is required for all graduate/medical student projects**

**Advisor certifies the following:** Advisor has reviewed the project, and agrees that the project is eligible and ready for study closure.

**Advisor’s name (please print):**

**Advisor's signature:** **Date:**  Click here to enter a date.

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| ***For HRPP Use Only*:** Based on the information included in the Research Study Closure Request, the Human Research Protection Program accepts the investigator’s determination that the project can be closed. **Signature of the HRPP: Date:** Click here to enter a date. |

