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| Closure ApplicationThe purpose of this form is to provide information about the project being closed.

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| Instructions: | Submit this form and supporting document as soon as data are deidentified or no later than 30 days before the expiration date listed on the approval letter.Sections marked with an asterisk ( \* ) are required. Sections marked with a double asterisk ( \*\* ) are required if applicable.  |

 | C:\Users\cbcholka\AppData\Local\Microsoft\Windows\INetCache\Content.Word\UNM_OfficeInstitutionalReviewBoard_Horizontal_RGB.PNG1805 Sigma Chi NE | Tel: (505) 277-2644 Website: irb.unm.edu | Email: IRBMainCampus@unm.edu |

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| Project Identification |
| *\* Protocol number:* |  | *\* Protocol title:* |  |

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| Principal Investigator of Record |
| \* The Principal Investigator of record is: *(select one)* | [ ]  Principal Investigator | [ ]  Responsible Faculty |
| \* Name: |  | \* Phone: |  | \* Email: |  |
| \* Department: |  | \* University Status (e.g. tenure track or visiting faculty, instructor, staff, etc.): |  |
| \* Affiliation: | [ ]  Main Campus | [ ]  UNM Branch Campus:  | [ ]  External Partner:  |

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| Additional Contact Person |
| \*\* The contact person for this project is: *(select one)* | [ ]  Student Investigator | [ ]  Project Coordinator |
| \*\* Name: |  | \*\* Phone: |  | \*\* Email: |  |
| \*\* Department: |  | \*\* University Status (e.g. undergraduate, master’s or PhD student, staff, etc.): |  |

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| Closure Information |
| *\* What type of review are you requesting?* | [ ]  Closure of active project | [ ]  Closure of expired project *(complete* ***Expired Project Information*** *section)* |
| *\* What is the enrollment status of this project?* | [ ]  Closed to enrollment | [ ]  Project never began |
| *\* Provide the participant enrollment statistics:* | Total enrolled to date (entire project) = |  |
| Total enrolled since last IRB review (e.g. since last Continuing Review) = |  |
| Total withdrawn from this project = |  |
| *\*\* Explain why participants withdrew, if any:* |  |

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| Final Progress Report |
| Since the last IRB review… |
| *\* Did protocol deviations occur (enrollment of participants that don’t meet criteria, etc.)?* | [ ]  No | [ ]  Yes  | If yes, the Protocol Deviations Report is required to be submitted with this Closure Application. |
| *\* Have there been any reportable Events or unanticipated problems involving risks to participants or others?* | [ ]  No | [ ]  Yes  | Reportable events must be reported to the OIRB within 7 days using the Event Report. |
| *\* Have participants experienced harm (expected or unexpected)?*  | [ ]  No | [ ]  Yes | If yes, provide explanation and resolution in the space below. |
| *\* Have there been complaints about the project?* | [ ]  No | [ ]  Yes | If yes, provide explanation and resolution in the space below. |
| *\* Have there been findings/results from the project?* | [ ]  No | [ ]  Yes | If yes, submit summaries of the findings. |
| **IMPORTANT!** Provide a copy of any publications or reports (abstracts, journal articles, etc.) to support this closure. |
| *\*\* Provide any additional information that would be beneficial to the review of this project, especially any special circumstances that the IRB should be aware of. If you check yes to harms or complaints above, please explain here.**Limit: 1200 characters* |  |

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| Project Data Information |
| *\* As of today…* |
| \* The collection of private identifiable information is complete: | [ ]  No | [ ]  Yes  |
| \* The analysis of private identifiable information is complete: | [ ]  No | [ ]  Yes  |
| \* Link to identifiers have been destroyed: | [ ]  No | [ ]  Yes |
| *\* Date data were de-identified:* |  |
| *\* Provide information about data linkage & the process for deidentifying data:**a. \* Describe how data were linked to individual participants.**b. \*\* Describe the process that was used to deidentify data and/or destroy the link to identifiers.**c. \*\* If data will remain identifiable, justify retention of identifiable data and describe procedures that will be put in place to protect the confidentiality of any identifiable data (including storage and security for electronic and hard copies).* *Limit: 1200 Characters* |  |

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| Expired Project Information |
| *\*\* Has the project’s funding source been notified that IRB approval has expired for this project?**(select one)* | [ ]  Not applicable. Project does not have a funding source. |
| [ ]  Yes. Attach relevant documentation.  |
| [ ]  No. Explain: |  |
| *\*\* Since the project’s IRB expiration date…**(check all that apply)* | [ ]  NO research related activities or recruitment activities have occurred |
| [ ]  NO participants have been enrolled or records/specimens reviewed |
| [ ]  NO treatments/interventions have been administered |
| [ ]  NO follow-up activities have been conducted |
| [ ]  NO data have been obtained |
| **IMPORTANT!** Submit an Event Report if any item is left unchecked. |