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**LEGACY HEALTH IRB**

**FORM K: CLOSURE FORM**

**Use this form for closure of the study when the study is ready to be closed and no longer needs IRB oversight. This may or may not include ongoing data analysis. Do not submit this form in response to study suspension, study termination of a finding of non-compliance by the IRB unless the compliance issues are to be resolved along with a request for closure. See “Instructions Form K” for completing this form.**

**study information**

Date of **Submission** of this request to close the research: Click or tap to enter a date.

Name of submitter for this study closure (name and contact information):  
Click or tap here to enter text.

Principal Investigator name: Click or tap here to enter text.

Study Title: Click or tap here to enter text.

Protocol Number: Click or tap here to enter text.

**summary information of the study**

Indicate the following:

|  |  |  |
| --- | --- | --- |
|  | Date study was approved by the IRB: | Click or tap here to enter text. |
|  | Length of Study: | Click or tap here to enter text. |
|  | Total # of subjects that were enrolled: | Click or tap here to enter text. |
|  | Number of subjects withdrawn prematurely: | Click or tap here to enter text. |
|  | First Subject enrolled: | Click or tap here to enter text. |
|  | Last subject completed: | Click or tap here to enter text. |
|  | Number of on-site adverse events: | Click or tap here to enter text. |
|  | Specific reasons for Study closure (See instructions): | Click or tap here to enter text. |
|  | Preliminary Study results (attach summary): | Click or tap here to enter text. |
|  | Publication/Presentation Plans (attach summary): | Click or tap here to enter text. |
|  | Plan for retention of records for this study: | Click or tap here to enter text. |

|  |  |
| --- | --- |
|  | Click or tap to enter a date. |
| Investigator Signature | Date: |

**end of form**

**SUBMIT FORM TO:**

[irbsubmissions@lhs.org](mailto:irbsubmissions@lhs.org)

**QUESTIONS?**

|  |  |
| --- | --- |
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