**Section 1: Investigator Information**

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| --- | --- |
| First Name: | **Click here to enter text.** |
| Last Name: | **Click here to enter text.** |
| Department or Program: | **Click here to enter text.** |
| Email Address: | **Click here to enter text.** |
| College Status (faculty, student, etc.): |  If other, please specify: **Click here to enter text.** |
| Name of Faculty Sponsor (if non-faculty): | **Click here to enter text.** |
| Faculty Sponsor’s Email: | **Click here to enter text.** |

**Section 2: Project Title**

|  |  |
| --- | --- |
| Project Title**:**  | **Click here to enter text.** |

Today’s Date (mm/dd/yyyy): **mm/dd/yyyy**

**Section 3: Brief summary of purpose and results of study**

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| Click here to enter text. |

**Section 4: Brief explanation of why this protocol is being closed:**

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| Click here to enter text. |

**Section 5: Participants and Adverse Effects**

Total number of participants enrolled: **Click here to enter text.**

Did any participants withdraw from the study prior to completing the planned protocol?

If yes, describe the circumstances.

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| Click here to enter text. |

Did any participants have complaints about the study?

If yes, describe.

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| Click here to enter text. |

Were any participants harmed to a greater extent than anticipated?

If yes, describe.

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| Click here to enter text. |

Did the risk/benefit assessment for the protocol change based on data collection and analysis?

If yes, describe.

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| Click here to enter text. |

**Section 6: Final Submission**

If you are a student, has your faculty sponsor seen and approved this closure form?

If you are a student, you must also ask your faculty sponsor to email the IRB (irb@gettysburg.edu) on your behalf with the following statement: “**I approve the closure of [student’s name]’s protocol.**”

Once you have answered all of the above questions and verified that you have completed this form fully and accurately, email this closure form along with all supporting documents to the IRB (irb@gettysburg.edu).