



METHODIST

The Nebraska Methodist Hospital
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Omaha, Nebraska 68114
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IRB Office Only

Institutional Review Board Study Status Update

This form is to report a Study's closure to accrual or permanent closure of Study conduct.

IRB Meeting Date dd/mmm/yyyy

Attachment Completed By (initial / date)

TITLE of Clinical Research Study*

Principal Investigator's Name / Credentials*

Methodist IRB ID#*

Date of Original Methodist IRB Approval*

Current Approved Study Enrollment Status*

Open

Closed

Total Subjects enrolled locally, to date*

Total Subjects enrolled globally, to date*

Status To Change*

Submission to IRB Date*

Are Subjects still participating in Study conduct?*

If yes, provide details.

No

N/A

Yes

Are Subjects still being followed or tracked for data or analysis purposes?*

If yes, provide details.

No

N/A

Yes

Documentation

List any documents submitted with this request

Investigator's Certification*

I certify the provided information on this form is complete and accurate to the best of my knowledge. I will advise The Nebraska Methodist Institutional Review Board of any changes to the above completed fields when I become aware.

Signature of Principal Investigator or designee*/**

Printed Name of Principal Investigator or delegated staff*

Title of Principal Investigator or delegated staff*

Date (If not provided above)

* required field

** An electronic signature or typed name constitutes a binding electronic signature for this study.