



THE NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET OMAHA, NEBRASKA 68114 402 -354-4000

Institutional Review Board Closure of Study

This form is to report a Study's closure to accruing additional subjects or permanent closure.

Title of the Study/Research:

IRB Number, if applicable:

Date of Submission of this Closure:

Principal Investigator's Name:

Date of Original Methodist Hospital IRB Approval:

Type of Closure:

- Permanent Closure
- Closure to accruing additional subjects
- Other: _____

Reason for Closure (any type of closure): _____

Subjects Enrolled:

Number of Subjects Enrolled by the Principal Investigator to Date:

Number of Subjects Enrolled in the Study in total (Nationally, Internationally), if known:

Are any Subjects still participating in study-related activities?

- Not Applicable
- No
- Yes

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

- Not Applicable
- No
- Yes

Documentation

(List any documents that are being submitted with this Closure):

Investigator's Certification: I certify that the foregoing is complete and accurate to the best of my knowledge. I will advise the Chair of the IRB of any changes to any of the above questions of which I become aware.

Signature of Principal Investigator or designee:

Printed Name of Principal Investigator or designee:

Title of Designee, if applicable:

Date:

**** A typed name in the above signature of the delegated staff member box constitutes a binding electronic signature for this study.