VERITAS IRB

STUDY CLOSURE REPORT

1. PI/Site Administrative Information

Name of Principal Investigator (PI):	
Site / Clinic / Company Name:	

2. Study Identification

Sponsor of the Research:		
Protocol Number:		(If there is no protocol number check here: ☐)
Protocol Title:		

3. Study Closure Information

Veritas IRB considers that a study is closed only when all of the criteria listed below are met. Please confirm for each of the following:

All participants have exited the study	☐ Yes	☐ No
All research-related interventions, including long term follow-up, have ceased	☐ Yes	☐ No
All queries have been resolved	☐ Yes	☐ No
Private identifiable information is no longer being collected/accessed	☐ Yes	☐ No
The Sponsor/CRO has formally confirmed site closure (please attach the confirmation of site closure)	☐ Yes	☐ No*

**If No, please specify. Please note that Veritas IRB will only issue an acknowledgement of study closure upon receipt and review of written* Sponsor confirmation of such (to be provided to the IRB by the Site).

Study Closure Date: _____ / _____ / _____ (DD / MM / YYYY)	
Total number of Participants enrolled into Study at this Site:	
Total number of screen failures:	
Total number of Participants withdrawn from Study at this Site:	
Total number of Participants who completed the Study at this Site:	

4. Safety Information

How many unexpected and related Serious Adverse Events were experienced in this Study at this Site in total?	
Were there any unexpected and related Serious Adverse Events or other Unanticipated Problems at your Site that have not been previously reported to the IRB? *If Yes, attach a summary describing the Unanticipated Problems.*	☐ Yes ☐ No

I certify that I have submitted all the required documentation and that the above information is accurate and truthful to the best of my knowledge.

_____
Print Name

_____ _____ / _____ / _____
Signature DD / MM / YYYY