|  |  |  |
| --- | --- | --- |
|  |   | Grand Canyon UniversityCollege of Doctoral Studies3300 W. Camelback RoadPhoenix, AZ 85017Phone: (602)639-7804Email: irb@gcu.edu  |

**CLOSE OUT FORM**

* A close out report should be uploaded when **data collection and data analysis** are complete.
* Please type your responses in the boxes provided. Use as much space as necessary (the

 boxes will expand). Please answer each question – if a question is not applicable, please put

 N/A in the box.

|  |
| --- |
|  **Principal Investigator** |
| Principal Investigator:       |
| GCU department address:       |
| E-mail address:       |
| Phone number:       | Fax Number:       |
| Co-Investigator(s) Name(s) and Contact Information:       |
|  **Protocol Information** |
| 2a) Title of protocol:       |
| 2b) GCU IRB #:       |
| 2c) Funding agency and grant number (if applicable):       |
| **Status of Study** |
| 3a) [ ]  Never Commenced (*Please state reason(s) why and then go to question 8):*       |
| 3b) [ ]  Completed *(must have concluded interventions and data analysis)* |
|  **Participant Information** |
| 4a) Total number of participants approved for the study:       |
| 4b) Number of participants enrolled during the past approval period:       |
| 4c) Total number of participants enrolled since study began:       |
| 4d) Of the total, what percentage has been ineligible to participate in the study?       |
| 4e) Number of participants who dropped-out of the study:       Please state the reason(s) the participant(s) dropped-out:       |
| 4f) Participant enrollment breakdown by gender, age and ethnicity: (This information is required for all studies that are NIH-sponsored. It is recommended, but not required, that other researchers provide this information).      |
|  **Adverse Events or Unexpected Problems** |
| 5a)Were there any adverse events encountered during the study?[ ]  Yes       [ ]  No (go to **5c**)5b) Have all adverse events been reported to the IRB?[ ]  Yes [ ]  No (If no, attach a letter of notification with an explanation)5c) Does the study have a Data Safety Monitoring Board (DSMB)? [ ]  Yes (If yes, please indicate the date of the last DSMB review):       [ ]  NoPlease note that investigators are required to submit DSMB reports to the GCU IRB at the time they are made available to the investigator. |
|  **Protocol Progress Report** |
| 6) Please upload a ***detailed*** progress report. The progress report must be substantive and complete. The report should include the goal(s) of the study, findings to-date, and reason (s) why the study is closed. |
|  **Publications, Presentations and Recent Findings** |
| **7)** Have there been any presentations or publications resulting from this study? [ ]  Yes (If yes, please describe and cite references. Please submit a copy of the abstract, or the publication, with this application.)[ ]  No |
| **Required Signatures** |
| Principal Investigator**:**Please upload all required forms along with the IRB Application into IRBNet. All forms and documents are signed through IRBNet’s electronic signature by completing **Sign this Package** step. Your electronic signature is accepted as a legal signature. **Only your Dissertation Chair can submit the package to Grand Canyon University’s IRB for review**. In order to do so, you must **share** the study with your Chair.  |