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|  |  | Grand Canyon University  College of Doctoral Studies  3300 W. Camelback Road  Phoenix, AZ 85017  Phone: (602)639-7804  Email: 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.

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| **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):        No  Please 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. | |