Cleveland Clinic Akron General

FOR IRRB USE ONLY
IRRB Number:_____
IRRB Reviewer:_____
☐ Exempt ☐ Expedited ☐ Full

Institutional Research Review Board Akron General Medical Center
Notification of Closure of Human Subjects Research Study

Please type all of the required information. HAND WRITTEN FORMS WILL NOT BE ACCEPTED. Submit an electronic copy of the completed and signed form to the Institutional Research Review Board IRRB@akrongeneral.org. Questions regarding IRRB submissions can be directed to (330) 344-6947, or by emailing IRRB@akrongeneral.org.

Project Title:

Protocol ID#:

Principal Investigator

Name/Degree:
Email:
Address:
Department:
Phone:

Study Contact Person

Name:
Email:
Mailing Address:
Department:
Phone:

Check all that apply:

☐ Research was never initiated.

☐ No research participants were enrolled

☐ Remaining study activity is limited to data analysis of de-identified data

Date that data was de-identified:
Coding lists linking patients to data have been destroyed: ☐ Yes ☐ No ☐ N/A

****Note: If analysis is on-going and the subject data is identifiable, then the research remains subject to continuing review.****

☐ All research activities are completed, including data analysis.

Indicate the number of participants enrolled or number of charts reviewed as part of the research:

RISK ASSESSMENT

Have there been any unanticipated problems or serious adverse event reported since the last review?
☐ Yes ☐ No If YES, explain below:

Have there been any voluntary withdrawals or complaints from participants due to the research procedures filed since the last review?
☐ Yes ☐ No If YES, explain below:

Please summarize below or on an attached page the results of the research to date, including plans for any scholarly activities. If the research was funded, you may submit the abstract that you submitted to the funding agency.

Are there any significant new findings or other information that should be made available to past participants?
☐ Yes ☐ No If YES, describe how the findings or information will be made available below:

PRINCIPAL INVESTIGATOR ASSURANCE

I have followed all applicable federal regulations, guidance, state and local laws, and AGMC policies related to the protection of human subjects in research, as well as professional practice standards and generally accepted good research practices for investigators.

I verify that the information provided in this Study Closure Report is accurate and complete.

_____ _____
Principal Investigator Signature Date

_____ _____
Printed Name of Principal Investigator Title