WESTERN INSTITUTIONAL REVIEW BOARD®
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STUDY CLOSURE REPORT

Investigator Name: _____

Sponsor Pro. Nr.: _____

WIRB Pro. Nr.: _____

WIRB Study Nr: _____

Please complete this closure form when:

1. All subjects at your site have finished their final visits and any follow-up activities (such as phone calls, post-card contacts, or long-term follow up required by the protocol) are completed,
2. The sponsor or the sponsor representative has indicated the study is closed at your site, **and**
3. If the study was conducted under a Federalwide Assurance, all data analysis at the site is completed.

Do not submit this form until all of the above has been accomplished.

Until a closure form is received, WIRB oversight of the research at your site will remain active, including Continuing Study review as appropriate. (If you already have a designated closure form, you may submit it to WIRB in place of this one.)

Please send your sponsor or CRO contact a copy of this form for their records.

1. Date study closed: _____
(mm/dd/yy)

2. Total subjects who signed the consent form: _____

3. Were there any unanticipated problems involving risks to subjects or others at your site that have not been previously reported to WIRB?

☐ No ☐ Yes (If Yes, complete the appropriate WIRB reporting form and attach it)

4. **Comments** about the study, including outcome results of the study (if known): (Use reverse side or additional pages, if needed)

5. _____ _____
Investigator Signature (or designee) *Date (mm/dd/yy)*