

Lourdes University Institutional Review Board
Research Project Closure Form

Instructions: The Principal Investigator is responsible for promptly notifying the IRB when a research project is closed. Please complete the following form and return to the IRB. Please submit **both** an electronic copy to irb@lourdes.edu and a signed paper copy to the Lourdes IRB mailbox, c/o The Welcome Center, McAlear Hall.

Note: Consent forms must be retained for 3 years after research closure, then destroyed.

IRB project # _____ IRB Approval Date _____ Review type: Expedited ____ Full Review ____

1. Project Title

Title of Project: _____

2. Date of IRB Approval:

3. Principal Investigator Information

Name: _____

Home Address:
Phone and Email

Phone

Email: _____

Lourdes University Student

Undergraduate Graduate

Name of Faculty Advisor: _____

Project was for: Capstone Project Course Project Personal Scholarship

Date of Lourdes Graduation:

Date: _____

Degree Received: _____

Lourdes Faculty or Staff

Faculty

Administration

Staff

Lourdes Department
**Researcher Affiliated with
Other Institution**

Institution: _____

Department _____

4. Financial Support

Lourdes University

Other (Specify) _____

Unsupported

5. Project Closure

Date: _____

**6. Completion of Research
Activities (Check One)**

All research activities, including interaction with subjects, gathering data and analyzing data are complete. All data that could identify a particular subject have been destroyed as outlined in the research protocol. **Consent forms must be retained for 3 years, then destroyed. For student researcher, the Faculty Advisor will retain the consent forms for the 3 year period.**

The researcher is leaving Lourdes University and plans to continue the research at another institution. _____

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7. Provide an abstract of research findings

8. List publications or presentations

9. General observations about the effects of the research on the subjects (positive or negative.)

10. Investigator Assurance: I verify that all research activities, including interaction with subjects, gathering data and analyzing data are complete. All data that could identify a particular subject have been destroyed as outlined in the research protocol. **Consent forms must be retained for 3 years, then destroyed.**

Investigator Signature: _____ Date _____

Faculty Advisor Signature: _____ Date _____

For IRB Office Use Only

Closure Form has been reviewed and accepted as submitted.

Signature of IRB Reviewer: _____ Date _____

Return Form to:

Lourdes University Institutional Review Board
IRB Mailbox, c/o Welcome Center, McAlear Hall
6832 Convent Blvd.
Sylvania, OH 43560