**BUTLER UNIVERSITY INSTITUTIONAL REVIEW BOARD**

**CONTINUING REVIEW AND STUDY CLOSURE FORM**

*Submit this form electronically to the Office of Sponsored Programs via email to* [*IRB@butler.edu*](mailto:IRB@butler.edu)*.*

**APPLICATION FOR:** CONTINUING REVIEW STUDY CLOSURE

**DATE SUBMITTING THIS APPLICATION:**

**TITLE OF STUDY:**

1. **INVESTIGATOR INFORMATION**

Principal Investigator (*Last, First, Middle Initial*):

Phone:

Campus Address:

Email:

Student Researcher (*Last, First, Middle Initial*): ):

Phone:

Campus Address:

Email:

1. **CURRENT STUDY STATUS**

**ONGOING**

Select one below:

Continued enrollment of study subjects and/or review/collection of subject records/data

Remaining research activities are only data analysis that require access to identifiable/private subject information

No study subjects enrolled to date. Please explain, then skip to section D:

Date study initiated:

Projected date of completion:

**COMPLETED/CLOSED**

1. **SUBJECT SUMMARY**
2. Since beginning of study:
   1. Total number of subjects **completing** research:
   2. Total number of subjects **withdrawn** from research:

State the reasons for withdrawal:

1. Since last IRB review:
   1. Total number of subjects **completing** research:
   2. Total number of subjects **withdrawn** from research:

State the reasons for withdrawal:

1. Total number of active subjects:
2. **SUMMARY OF EVENTS**
3. Describe the research progress including any preliminary observations or trends:
4. Have subjects received any **direct** benefit from their participation in the research?

No.

Yes. Please explain:

1. Do you believe the research risk/benefit assessment has changed based on preliminary observations and any new/recent literature since the last IRB review?

No.

Yes. Please explain:

1. PRINCIPAL INVESTIGATOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_