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| Logo  Description automatically generated | Institutional Review Board**PERMANENT STUDY****CLOSURE APPLICATION***Confidential pursuant to Idaho Code* |
| **Return to the Research Institute:** 1055 N. Curtis Road Boise, ID 83706 (208) 367-8897 (208) 367-8386 sahslocalirb@saintalphonsus.org |

***Instructions:***

*This application is for permanent study closure (termination with completion of data collection and/or follow-up). Application must be typed and complete. For additional forms and resources, visit the IRB website:* <https://www.saintalphonsus.org/services/research-institute/institutional-review-board/forms-and-resources>

**Date of Application:** Click here to enter a date.

**Date of Initial Study Approval at SARMC:** Click here to enter a date.

**Study Closure Effective Date:** Click here to enter a date.

**Study Title:** Click here to enter text.

**IRB Number:** Click here to enter text.

**Sponsor and/or Granting Agency:** Click here to enter text.

**Principal Investigator:** Click here to enter text.

1. **Study Team**

**Principal Investigator contact information:**

**Name**: [Subject]

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| --- | --- | --- | --- |
| **Phone:**  | Click here to enter text. | **Fax:** | Click here to enter text. |
| **Company:**  | Click here to enter text. | **Address:**  | Click here to enter text. |
| **Email:**  | Click here to enter text. |

1. **Participants and Consent**

*Please check one category:*

[ ] No human research participants have been used – *skip to section 3*

[ ]  Use of research participants was completed: Click here to enter a date.

[ ] Other: Click here to enter text.

* 1. **Has a signed informed consent been obtained from each participant and kept on file?**

[ ]  Yes

[ ]  No

[ ] N/A

* 1. **Enrollment of Participants:**

|  |  |
| --- | --- |
| **Number screened** | Click here to enter text. |
| **Of those screened, number eligible** | Click here to enter text. |
| **Of those eligible, number consented** | Click here to enter text. |
| **Number who elected to withdraw** | Click here to enter text. |
| **Number removed by investigator**  | Click here to enter text. |
| **Number who completed study activities** | Click here to enter text. |

* 1. **Gender of Participants:**

|  |  |
| --- | --- |
| **Male:**  | Click here to enter text. |
| **Female:** | Click here to enter text. |

* 1. **Race of Participants:**

|  |  |
| --- | --- |
| **American Indian/Alaskan Native:** | Click here to enter text. |
| **Asian or Pacific Islander:** | Click here to enter text. |
| **Black/African American:** | Click here to enter text. |
| **White:** | Click here to enter text. |
| **Other:** | Click here to enter text. |

* 1. **Ethnicity of Participants:**

|  |  |
| --- | --- |
| **Hispanic** | Click here to enter text. |
| **Non-hispanic** | Click here to enter text. |

1. **Adverse Events**

**During the course of the study, have any Saint Alphonsus participants:**

* 1. **Experienced any unexpected complications related to this protocol?**

[ ] Yes

[ ]  No

[ ] N/A

* 1. **Died?**

[ ] Yes, and the IRB was notified on these dates: Click here to enter a date.

[ ] No

[ ] N/A

1. **Study Results**
2. **If available, please give a short description of any preliminary results, recent literature, findings, or other relevant information associated with the research:**

Click here to enter text.

1. **Please identify any completed or planned dissemination of study results (for example, abstracts/articles, presentations, posters, etc.) Please attach copy if available.**

Click here to enter text.

1. **Please attach a summary of any amendments/revisions to the protocol involving study design, methods or analysis since the last continuing review.**

Click here to enter text.

**Signature Page**

**Document prepared by:** Click here to enter text.

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| --- | --- | --- | --- |
| **Phone:**  | Click here to enter text. | **Fax:** | Click here to enter text. |
| **Company:**  | Click here to enter text. | **Address:**  | Click here to enter text. |
| **Email:**  | Click here to enter text. |

**Research Principal Investigator Statement of Integrity:**

**By signing this form, I certify that the information provided is both complete and accurate. As the principal investigator for this study, I understand that I have the ultimate responsibility to ensure protection of the rights and welfare of human subjects. I am aware that it is my responsibility to remain current of Saint Alphonsus Health System, state and federal research requirements. I agree to comply with Saint Alphonsus policy and procedure research requirements and those imposed by the Saint Alphonsus IRB, as well as any applicable Federal, State, and local laws pertaining to human research subjects.**

[Subject]

**Principal Investigator (Typed/Printed Name)**

**Principal Investigator's Signature Date**