IRB Protocol Renewal and Closure Form
Human Participants in Non-medical Research

Email this document with a copy of your current consent document to the IRB Chair.

General Information:

1) Date the Renewal/Closure Form was submitted: _____
2) Primary Investigator: _____
3) Protocol Number: _____
4) Project Title_____
5) Status of Research: ____Terminated/Closed or ____ Active

Changes in Protocol:

1) Have there been any procedural changes from the approved protocol? ____YES ____ NO
   **If YES, please explain and provide the revised application with all changes highlighted in yellow.
2) Were any anticipated problems encountered during the study that have not been reported to the IRB? ____YES ____ NO
   **If YES, please describe.
3) Were any adverse events encountered during the study that have not been reported to the IRB? ____YES ____ NO
   If YES, please describe.
4) Have there been any changes to the research/study team? Have any researchers left or been added? ____YES ____ NO
   **If YES, please provide the revised application with all changes highlighted in yellow.
5) Have there been any developments since the last IRB review that would indicate new harms or risks associated with the study or that would influence a participant's willingness to participate in the study (e.g., findings from your own study, complaints from your participants, results or risks identified in recently published papers)?

Participant Information:

1) How many participants have consented to participate in the study? _____
2) How many participants have completed the study? _____
3) How many participants have withdrawn from the study? _____
4) How many participants have yet to be recruited? _____
5) If applicable, how many participants have been compensated? _____

Progress/Final Report:
Describe the progress of the study and its current state (e.g., data collection is ongoing vs. complete, data analysis is ongoing vs. complete). If you are closing this study, please provide a brief Final Report of major findings.

As the Primary Investigator for this study, I affirm that I have provided a complete and accurate report of the current study. I commit to continuing work on this study in accordance with college and federal guidelines. I will ensure that all members of the research team have been and will continue to be properly trained before being added to the protocol. I will not modify the protocol procedures without obtaining IRB approval.

Primary Investigator's signature:_____