Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Review Board web site.

Prior to submitting, please ensure that spelling and grammar are correct; this will assist in the timely review of this form during the IRB evaluation process.

Enter information by clicking the [ ]  box or typing in the **Click here to enter text.** area.

**Please go to UMBC** [**IRB website**](http://research.umbc.edu/institutional-review-board-human-subjects/) **for all up-to date guidance and information regarding the below questions.**

| Investigator(s) | Department |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Protocol # Click here to enter text. | Title Click here to enter text. |

1) Have all protocol activities been completed, including the basic analysis of data? If yes, proceed to question 4 if the investigator is remaining at UMBC.

Yes [ ]  No [ ]

2) Is the above investigator is leaving UMBC (i.e. completion of academic degree, end of employment)? Yes [ ]  No [ ]

3) If yes, what is the contact information of the investigator who will complete the protocol activities?

Name: Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

E-mail: Click here to enter text.

4) Was this a pilot study? Yes[ ]  No[ ]

If so, will you use this data to a larger scale study and has that protocol been submitted? Yes [ ]  No [ ]

5) How many subjects have been studied? Has all contact with subjects been terminated? Are there any results to report?
 Click here to enter text.

6) Will these results have either direct benefit or any impact to the participants?

Yes [ ]  No [ ]

7) Have you encountered any adverse effects as a result of or coincidental with the protocol? If yes, how many adverse reactions were encountered?
 Click here to enter text.

8) Where are study data filed and where will signed consent forms kept? Indicate the location and how confidentiality and data access will be kept secure. If there are no research subjects, indicate no subjects.
 Click here to enter text.

***Attach copies of any results, reports, and articles (etc.) to support the closure.***

By typing your name, email address and date, the investigator(s) certify that data collection and basic data analyses are completed and all contact with participants has ended. The investigator(s) conclude with reasonable certainty that there are no further impacts from the study on the participants. The investigator(s) have informed participants (when stated in a consent document) that identifying information that link responses to participants have been deleted prior to this closure report.  The investigator(s) understand that a protocol closure does not affect the ability to write articles or publish, but it does stop any ongoing or future contact between the investigator and participants.

Investigator’s Signature: Click here to enter text. Email: Click here to enter text. Date: Click here to enter a date.

Investigator’s Signature: Click here to enter text. Email: Click here to enter text. Date: Click here to enter a date.

Faculty Advisor's Signature: Click here to enter text. Email: Click here to enter text. Date: Click here to enter a date.

**Electronically submit the application and any accompanying documents to irbsubmissions@umbc.edu.**