FINAL CLOSURE REPORT

OKLAHOMA STATE DEPARTMENT OF HEALTH

 INSTITUTIONAL REVIEW BOARD

1. STUDY INFORMATION

OSDH IRB Number

Study Title

Principal Investigator

E-Mail Address

Phone

1. STATUS OF STUDY

[ ]  No subject accrual – termination requested.

[ ]  Completed with no follow-up of subjects. Date of completion

# STUDY RESULTS

|  |  |
| --- | --- |
| **Number of subjects enrolled since approval or last report** | **Total number of subjects enrolled** |
|       | Healthy Volunteers/ Controls |       | Research Subjects |       | Healthy Volunteers/ Controls |       | Research Subjects |

Summarize study results (use continuation pages as needed).

Attach study-related reports or publications

List total number of participants by gender: Male       Female

List total number of participants by race/ethnicity: American Indian

African American       Asian/Pacific Islander

Caucasian (non-Hispanic)       Hispanic

List any adverse effects to study subjects and the dates of notification to the IRB.

List number of withdrawals and reason for withdrawing.

1. CERTIFICATION OF PRINCIPAL INVESTIGATOR

Signature certifies that the above titled research has been conducted in full compliance with the HHS/FDA regulations and the Oklahoma State Department of Health policies governing human subject research as stated in the IRB Policies and Procedures. Alternatively, if the study has never been initiated and you are requesting termination, your signature verifies this request. If the research study is completed, the information provided on this form represents an accurate final progress report.

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**Signature of Principal Investigator Date**