



Research Project Closure Form

Instructions:

The Principal Investigator is responsible for promptly notifying the IRB when a research project is closed. If the student is unavailable to complete this form, it should be completed by the Faculty Advisor. Please complete this form and return to the IRB by submitting an electronic copy to irb@lourdes.edu.

Research Title:

IRB Protocol #: IRB Approval Date: Review Type: Expedited Full Board Review

Principal Investigator Information:

Name:
Department or Affiliation:
Address:

Telephone:

Email:

Researcher Type: Undergraduate Student Graduate Student Lourdes University Faculty/Staff Other Institution

Research Purpose: Capstone Project: Course Project: Personal Scholarship:

Student Researcher as Principal Investigator:

Date of Graduation: Degree Received:

Faculty Advisor: Name:

Phone: Email:

Faculty or Staff as Principal Investigator:

Faculty: Staff: Administration:

Supervisor, Department Chair, or Dean
Name:

Phone: Email:

Financial Support: Lourdes University Unsupported Other (please specify in space below):

Completion of Research (please check the appropriate box that relates to your study):

- All research activities, including interaction with subjects, gathering data and analyzing data are complete. All data that could identify a particular subject have been destroyed as outlined in the research protocol. **Consent forms must be retained for 3 years, then destroyed. For student researchers, the Faculty Advisor will retain the consent form for the 3 year period.**

- The researcher is leaving Lourdes University and plans to continue the research at another institution.

PLEASE PROVIDE THE FOLLOWING:

1. Provide an abstract of research findings:

2. List publications or presentations:

3. General observations about the effects of the research on the subjects (positive or negative):

INVESTIGATOR ASSURANCE STATEMENT:

The Principal Investigator agrees to the following:

As a Principal Investigator, the electronic signature below (ex: /s/John S. Doe) denotes my intent to certify that all research activities, including interaction with subjects, gathering data, and analyzing data are complete. All data that could identify a particular subject have been destroyed as outlined in my research protocol. **Consent forms will be retained for 3 years and then destroyed.** Further, if I am a student researcher, I certify that my Faculty Advisor will be the individual to retain the consent forms for the required 3 year period.

Name:

Date:

(example: /s/John S. Doe)

The Faculty Advisor agrees to the following:

As a Faculty Advisor, the electronic signature below (ex:/s/John S. Doe) denotes my intent to certify that the student's research activities, including interaction with subjects, gathering data, and analyzing data are complete. All data that could identify a particular subject have been destroyed as outlined in the research protocol. Further, I certify that I will retain the consent forms for the required 3 year period and then destroy the forms.

Name:

Date:

(example: /s/John S. Doe)