ARGUS IRB

ARGUS INDEPENDENT REVIEW BOARD
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STUDY CLOSURE REPORT

Investigator Name: _____

Sponsor: _____

Protocol Name/Number: _____

Please complete this closure form when:

1. All subjects have finished their final visits and follow-up,
2. The sponsor or the sponsor representative has indicated the study is closed at your site, **and**
3. If the study was conducted under a Federalwide Assurance, all data analysis at the site is completed.

Do not submit this form until all of the above has been accomplished.

Until a closure form is received, Argus IRB oversight of the research at your site will remain active, including Continuing Study review as appropriate. (If you already have a designated closure form, you may submit it to Argus IRB in place of this one.)

P*lease send your sponsor or CRO contact a copy of this form for their records.*

Date study closed: _____

1. Final **subject enrollment** information:

Total subjects who signed the consent form: _____

Screen failures: _____
Began study drug, device, or procedures: _____
Withdrew from study: _____

Total subjects who completed the study: _____

2. Were there any **Serious Adverse Events (SAE)** or other unanticipated problems at your site that have not been previously reported to ARGUS IRB?

☐ No ☐ Yes (If Yes, please attach the information)

3. **Comments** about the study: (Use reverse side or additional pages, if needed)

4. _____ _____

Investigator Signature (or designee) *Date*