

# 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.)

*Please 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*