



Research Closure Form

Institutional Review Board Office
Attn: Provost, 1184 W Main St
Millikin University IRB, Decatur, IL 62522
Tel: 217-424-6220 fax: 217-424-6653
E-mail: irb@millikin.edu

Use this form to notify the IRB of the conclusion of your research project at irb@millikin.edu
The Research Closure Form should be completed and sent to the IRB within 1 (one) month of the
completion of data collection.

Proposal No. Date submitted:

Principal Investigator (name):

Phone No. (W): (H): Email address:

Co-Investigators:

Project Supervisor (name): Email address:

Research Project Title:

Adverse Events?
\_\_\_ No \_\_\_ Yes Was the Adverse Event reported to all IRBs/agencies? \_\_\_ No \_\_\_ Yes List all IRBs/Agencies
receiving the Adverse Event Report and the date when the event(s) was reported below.

If an Adverse Event occurred, please indicate the frequency of adverse events that occurred, the nature of the adverse
event(s), and what the Responsible Principal Investigator did in response to each Adverse Event's occurrence. Box will
expand as you type.

The foregoing study will be closed effective the day of submission of the Research Closure form with the IRB. It is the duty
of the Principal Investigator to secure and maintain the confidentiality of research documents according to the researcher
stipulated timeframe in the Review Request Form approved by the IRB. It is also the duty of the Principal Investigator to
properly destroy research records within the stipulated and agreed upon timeframe. The Principal Investigator's records
may be requested by the Millikin University IRB and/or the governing body of the Office of Human Research Protection
(OHRP) for review or in the event of an audit. Should you have any questions regarding the foregoing expectations or
duties, please do not hesitate to contact the Millikin University IRB at IRB@millikin.edu

As the Principal Investigator of this research project, I am requesting to close this study.

Principal Investigator signature

Date