**DODOWA HEALTH RESEARCH CENTRE INSTITUTIONAL REVIEW BOARD**

**STUDY CLOSURE REPORT FORM**

*Tel: +233-208719996/ Email: irbdodowa@gmail.com*

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**Complete this form when:**

1. Participants are no longer being enrolled

2. All participants have finished their final visits and follow-up

3. The sponsor has indicated the study is closed

The principal investigator is required to complete, sign and date this form and submit to the IRB Administrator. A summary of the study and reasons for closure should be attached to this form.

The DHRCIRB will review this report and write officially to the principal investigator confirming protocol closure.

|  |  |
| --- | --- |
| 1. DHRCIRB Protocol Number |  |
| 2. Project Title |  |
| 3. Proposed end of study |  |
| 4. Principal Investigator |  |
| 5. Address of PI |  |
| 6. Co-Investigator(s) |  |
| 7. Collaborating institution (if applicable) |  |
| 8. Status of Study | () Completed-all subjects have completed treatmentand follow-up activities, data analysis completed.Study never initiatedPlease attach reasons for not initiating study |
| 9. Total number of participants enrolled |  |
| 10. Total number of Participantswithdrawn during the study |  |
| 11. Total number of participants whocompleted study |  |
| 12. Total number of adverse events |  |
| 13. Have there been any significantfindings related to the protocol? | YesNoPlease attach a summary of findings. |
| 14. Are there any publications orpresentations that have resulted fromdata collected from this study? | YesNoIf, yes, please attach list of publications /presentations |
| Signature of Principal Investigator -------------------------------------------------------------------------Date -------------------------------------------------------------------------- |

**Please do not fill below this line (For DHRCIRB use only)**

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| Reviewed By: |
| Date reviewed: |
| Comments: |
| Action: |