

**Tarrant County College District
Institutional Research Board
Research Closure Form**

PROJECT TITLE:

IRB Protocol Number:

IRB Approval Expiration Date:

PRINCIPAL INVESTIGATOR:

Last Name:

First Name:

E-Mail Address:

Phone number:

Department:

CURRENT STATUS OF RESEARCH PROJECT:

- | | | | | |
|--|-----|----|-----|----|
| 1. Data collection is complete. | Yes | No | | |
| 2. Analysis of data is complete. | Yes | No | | |
| 3. Have there been changes in Principal or Co-Principal Investigators?
(If yes , indicate the current Investigators on an attached sheet.) | | | Yes | No |
| 4. Have there been any adverse events that need to be reported to the IRB?
(If yes , provide details on an attached sheet.) | | | Yes | No |

Principal Investigator Signature:

Date:

IRB Approval:

IRB Chair Signature:

Date:

Email forms and supporting documentation to: irb.irpe2@tccd.edu.