Institutional Review Board (IRB)
Murray State University
Protocol Closure

If your research approval expires before the application for Project Update and Closure is processed, you must resubmit your entire protocol for the review and approval process. **Adverse events must be reported to the IRB at msu.irb@murraystate.edu immediately following any such occurrence.**

The principal investigator should complete this application. If the investigator is a student, the student's faculty sponsor must approve and submit the application. All research that has been approved by the IRB must be reviewed annually regardless of whether the research was classified as Exempt from Further Review, Expedited or Full Review until closed by the IRB Coordinator. This form must be submitted for IRB review before the end date of the approval period as stated in the most recent approval letter. Failure to complete the Project Update or Closure form in the stated time frame will result in the closure of the study due to noncompliance and the MSU IRB will no longer accept any responsibility for the research. **You must submit this signed form as a pdf document along with a pdf copy of the consent document actually used in this study to** msu.irb@murraystate.edu.

Principal Researcher: ☐ Undergraduate Student ☐ Graduate Student ☐ Faculty ☐ Other

Principal Researcher:

Faculty Sponsor (if P.I is a student):

Project Title:

Current IRB Protocol Number:

Identify Current Status of Research: ☐ Ongoing ☐ Completed ☐ Discontinued

Identify the Previous Level of Review of the Research: ☐ Exempt ☐ Expedited ☐ Full Review

If the project was Expedited or Full: What was the minimum number of subjects needed as identified in the original protocol application?

Is data anonymous with no identifiers attached and no method of determinining the identity of the participants? ☐ Yes ☐ No

If no:

Number of subjects accrued to-date:
How will data be secured?
How will confidentiality be maintained when data is disseminated?

1. Attach one copy of the consent form, signed by a research participant, or one copy of the cover letter used in the research

Is the consent form or cover letter identical to the one approved by the IRB?

☐ Yes ☐ No

If *no*, please provide an explanation of the changes.

3. List any reportable adverse events that have occurred since the previous approval. A detailed report should have been submitted to the IRB promptly following any such occurrence.

4. Give a brief summary of the protocol. (may type in this form or attach to the document)

5. Location of signed Informed Consent Documents (if applicable) which must be kept for three years beyond conclusion of the research and must be kept in a manner that allows reasonable access for copying or inspection in the event of an audit, inspection, etc. Please describe:

☐ Yes ☐ No

6. **Request for Closure of a Protocol that uses Anonymous Data Only:** If your data collection is completed AND your data is non-identifiable/anonymous, you may request that the protocol be closed to further review by the IRB. However, closure of the study means that no additional data may be collected. ***Should you find that you need to continue data collection, a new protocol will have to be submitted for IRB review and approval before such data collection can begin.***

SIGNATURES: I confirm the accuracy of this application, and I accept responsibility for the conduct of this activity, the supervision of participants, and maintenance of informed consent documentation as required by the IRB. I confirm that all data collected in this study is anonymous and cannot be identified in any way. I understand that should there be a need to collect additional

data, I will have to submit a new protocol to the IRB for review and approval before such data collection can begin.

A._____ _____
Principal Investigator *Date*

B. *Statement of Approval by Faculty Mentor* (required for all students):

I confirm the accuracy of this application, and I accept responsibility for the conduct of this activity, the supervision of participants, and maintenance of informed consent documentation as required by the IRB. I confirm that all data collected in this study is anonymous and cannot be identified in any way. I understand that should there be a need to collect additional data, my student or I will have to submit a new protocol to the IRB for review and approval before such data collection can begin.

_____ _____
Faculty Mentor *Date*

7. **Request for Closure of a Protocol that uses Identifiable Data:**

If your data collection is completed AND your data is identifiable, you may request that the protocol be closed to further review by the IRB. However, closure of the study means that no additional data may be collected. Should you find that you need to continue data collection, a new protocol will have to be submitted for IRB review and approval before such data collection can begin.

SIGNATURES: I confirm the accuracy of this application, and I accept responsibility for the conduct of this activity, the supervision of participants, and maintenance of informed consent documentation as required by the IRB. I confirm that all data collected in this study is anonymous and cannot be identified in any way. I understand that should there be a need to collect additional data, I will have to submit a new protocol to the IRB for review and approval before such data collection can begin.

A._____ _____
Principal Investigator *Date*

B. Statement of Approval by Faculty Mentor (required for all students):

I confirm the accuracy of this application, and I accept responsibility for the conduct of this activity, the supervision of participants, and maintenance of informed consent documentation as required by the IRB. I confirm that all data collected in this study is anonymous and cannot be identified in any way. I understand that should there be a need to collect additional data, my student or I will have to submit a new protocol to the IRB for review and approval before such data collection can begin.

_____ _____
Faculty Mentor *Date*