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| **Biomedical Closure** | **For Internal Use Only** |
| **UnivRS Internal ID:****Date Received:** Click here to enter a date. |

**Questions marked with an** \* **are mandatory.**

**Key Information**

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| UnivRS Internal Project ID# or old Ethics ID # (Bio xx-xxx):\* PI Name: \*      Protocol Number (if applicable):      Project Title: \*Current Expiry Date :\*      Indicate the nature of the project: \* Choose an item.Close-out visit date (if applicable): Click here to enter a date.

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| Sponsor has conducted a close-out visit:  | [ ]  Yes [ ]  No [ ]  N/A |

Reason for closure:\* Choose an item.Provide additional details as applicable:            |

**Participants: Prospective, Biobank, and Data Registry**

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| Number of participants enrolled: |       |
| Number of participants who completed all project related activities: |       |
| Number of participants who were lost to follow-up: |       |
| Number of participants who withdrew consent: |       |
| Number of participants who were withdrawn: |       |
| Number of non-research related deaths (i.e. unrelated adverse event): |       |
| Provide additional details as applicable:       |

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**Secondary Use of Health Data and Biological Materials**

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| Specify the number of charts or biological materials used: |       |

Provide additional details as applicable:       |

**Post-Approval Reporting**

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| **Reportable Unanticipated Problems include any incident, experience or outcome (including an adverse event or breach of confidentiality) that meets ALL of the following criteria:** 1. Unexpected in terms of nature, severity or frequency;
2. Related or possibly related to participation in research;
3. Suggests that research places research participants or others at a greater risk of harm than was previously known or recognized.

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| Were there unreported, unanticipated problems that fit the reporting criteria? \* | [ ]  Yes [ ]  No |
| Were there unreported participants' concerns or complaints? \* | [ ]  Yes [ ]  No |

Provide additional details as applicable:       |

**Data Security and Storage**

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| Describe the final disposition of the data, including arrangements for security, storage, and/or destruction: \* Data retention period: \*Choose an item.If ‘Other’ was selected, please specify:       |

**Dissemination of Results**

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| Provide a summary of project results and/or outcomes: \*

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| Have the results have been submitted for publication, published or presented: \*If no or N/A, explain:  | [ ]  Yes [ ]  No [ ]  N/A  |

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**Declaration by Principal Investigator:**

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| **The Principal Investigator assumes full responsibility for the information presented in this closure report and confirms that:**1. **All of the information is accurate and complete as presented;**
2. **There is no further participant involvement at the site, all new data collection is complete and the sponsor closeout activities, if applicable, have been completed;**
3. **For research involving secondary use of existing health data or biological materials, the acquisition of data is complete and/or no additional biological materials are being acquired.**
4. **The data will be retained according to applicable guidelines and regulations.**

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| Date the form was completed: Click here to enter a date. |
| Name of Person who completed the form: |       |

If form submitted on behalf of the PI:

|  |
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|       is authorized to prepare and submit this form on behalf of the Principal Investigator |
| Authorized person contact information: |
| Email:       | Phone:       |

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**Document(s)**

Please provide a list of documents that are being submitted along with this closure: