



THE NEBRASKA METHODIST HOSPITAL 8303 DODGE STREET OMAHA, NEBRASKA 68114 402-354-4000

## Institutional Review Board Report of Study Closure - Permanent

**Use of Form:** This form is to be used by the principal investigator of a study previously approved by the IRB, to report to the IRB when the study is being permanently closed to further patient accruals. Do not use this form for routine temporary suspensions of accruals.

1. **Title of Study:**

2. **Principal Investigator's Name:**

3. **Date of this Report:**

4. **Date of Closure:**

5. **Reason for Closure:**

6. **Number of subjects enrolled locally:**

7. **Are there any subjects enrolled locally who:**

Are still receiving study treatment	Yes	No
Are still being followed for study Data or analysis	Yes	No

**Signature of Principal Investigator:**

**Date Submitted:**