LMU IRB Closure Form

Instructions: This form is used when an approved IRB human research project has been COMPLETED or CANCELLED. Please include a final summary statement or report of the project with this form. LMU IRB policies in accordance with federal regulations require the retention of signed informed consent forms (if applicable) in a safe location for at least three years after the project ends. Note: the supervisor or faculty advisor may sign to close a project if the principal investigator/student is no longer at LMU. Please deliver or mail the completed and signed **LMU IRB Closure Form** to the Office of Research, Grants and Sponsored Programs, Lincoln Memorial University IRB, Grant Lee, 6965 Cumberland Gap Parkway, Harrogate, TN 37752. A scanned completed form with attachments may be submitted via an LMU email address to IRB@Imunet.edu by a supervisor or faculty advisor.

| IRB | #: |
|------|----|
| 1110 | |

Project Title:

Name of Principal Investigator/Project Director/Student:

Contact Information:

Supervisor (if applicable):

Contact Information:

Faculty Advisor (if applicable):

Contact Information:

Where will the signed informed consent forms be safely stored for 3 years? Please indicate specific location or not applicable because of waiver due to electronic or oral consent or use of secondary deidentified data.

Is a final summary of the project attached? If not, please summarize within this block on this form.

| YES | Human participants work has ended on this project for the following reason(s): | |
|-----|---|--|
| | Human participant involvement is complete (no follow-up planned with participants and the | |
| | data set does not contain identifiers that can be linked to participants). | |
| | Project is no longer funded. | |
| | Principal Investigator/Project Director/Student is no longer at LMU. | |
| | Project has been cancelled for other reason. Please explain within this block on this form. | |

| Signature of Principal Investigator/Project Director/Student: | Date: |
|---|-------|
| Signature of Supervisor/Faculty Advisor: | Date: |
| Signature of IRB Administrator: | Date: |