

**The University of Montevallo**  
**HUMAN SUBJECTS PROJECT CLOSURE FORM**

**Instructions:** Complete this form when an approved human subjects research project is **CONCLUDED** or **CANCELLED**. Projects that involve long-term follow-up of subjects must remain open, even if enrollment of new subjects has ended. Please send completed and signed Project Closure Form to the University of Montevallo IRB Chairperson.

HASRC ID Number \_\_\_\_\_  
Principle Investigator \_\_\_\_\_  
Faculty Sponsor (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_  
Department/Program \_\_\_\_\_  
Project Title \_\_\_\_\_

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Work has ended on this project for the following reason(s):

Project completed \_\_\_\_\_  
Project not funded \_\_\_\_\_  
Project cancelled for other reason (please specify) \_\_\_\_\_  
Brief summary of results found from this study:

Did any adverse events/reactions occur with this project?

No adverse events/reactions \_\_\_\_\_ if **no**, sign bottom of page.

Yes---anticipated as included in protocol or stated in consent form \_\_\_\_\_

Yes---unanticipated, not part of protocol or consent form language \_\_\_\_\_

If yes, were adverse events/reactions reported to HASRC? \_\_\_\_\_

Yes, reported on (date) \_\_\_\_\_

No, not reported---ADVERSE EVENT FORM MUST BE COMPLETED AND TURNED IN WITH CLOSURE FORM

I certify that the approved protocol and the approved method for obtaining informed consent were consistently and correctly followed during the period covered by this HASRC authorization, and that the study now has been completed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Investigator(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Sponsor(s) (if applicable)