

UNIVERSITY OF MASSACHUSETTS DARTMOUTH
Institutional Review Board
Closure Report Form

PROTOCOL NUMBER:

TITLE:

PI NAME:

PI EMAIL:

Please include a summary of the overall conduct of the study. The investigator must also provide proper assurance that there are no active participants or potential risks to prior participants. The Closure Report should identify the measures taken to prevent any potential risks to prior participants.

Please send this to AKARBERG@UMASSD.EDU