



IRB CLOSURE REPORT

Upon completion of your study, please complete the following:

Principal Investigator: _____

Email: _____

Project Title: _____

IRB Protocol Number: _____

Date Study Completed: _____

Will the results of your study be published? Yes _____ No _____

Signature of Principal Investigator: _____

Email completed form to: RMU IRB Office, irb@rmu.edu.

Questions may be directed to: RMU IRB Office at irb@rmu.edu or 412-397-6227.

Upon receipt of this form, the RMU Institutional Review Board will inactivate your study.