**University of Richmond**

**Renewal/Closure Form**

Project Title: Click or tap here to enter text.

Project URIRB Number: Click or tap here to enter text.

Date of Previous IRB approval: Click or tap to enter a date.

Date: Click or tap to enter a date.

Principle Investigator:Click or tap here to enter text.

List all researchers actively engaged in the project (identify any new members since the previous review).

1. Action

[ ]  Renewal [ ]  Closure

2. How many participants have participated in this study?

\_\_\_\_ Number consented in last IRB period

\_\_\_\_ Number of withdrawals in the last IRB period

\_\_\_\_ Total completed in the last IRB period

3. Were there any unanticipated or adverse effects reported by participants?

[ ]  No [ ]  Yes

If you answered Yes above, provide a detailed explanation of the unanticipated/adverse effect, including how many participants were affected.

4. Is the subject population changed?

[ ]  No [ ]  Yes

If you answered Yes above, provide a detailed explanation of the changes.

5. Have the protocol procedures, including measures, changed in any way?

[ ]  No [ ]  Yes

If yes, please provide detailed description of all changes here and identify those changes (through highlighting) on the IRB Review Form.

Note: When closing a project, federal regulations require principal investigators maintain original signed consent forms (if applicable) and all deidentified research records for at least three (3) years after the close of the study. The documents should be stored in a secured location on University property or in a secure archive facility from which they may be recalled as necessary.