



KABARAK UNIVERSITY

OFFICE OF THE DIRECTOR, RESEARCH, INNOVATION AND OUTREACH

RESEARCH ETHICS COMMITTEE

Study Closure Form

Complete and submit ONE copy of this form if participants are no longer being enrolled in the study, participants are no longer active in the study and data analysis is complete.

Protocol Information:

KUREC Application Number:	
Study Title:	
Principal Investigator:	

Enrollment:

Total number of participants enrolled:	
Total number of participants who completed study:	

Withdrawals:

Total number who withdrew early due to an adverse event within the context of the study:	
Total number of participants who withdrew early NOT due to an adverse event:	

Undesirable events:

Total number of undesirable events requiring notification of the KUREC	
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Complaints:

Did the subjects have any complaints about the study (mark an "x" in one of the boxes and respond below if appropriate)?	YES		NO	
If Yes, please describe in the box below:				

Study Closure:

Please provide a brief explanation of why this protocol is being closed (in the box below).

Signature of Principal Investigator		Date
Signature of Faculty Advisor (if applicable)		Date