

Research Closure Application

Protocol Number:

Title of study:

List of Principal Investigators and Collaborators:

Name	Role in the Project	Designation	Affiliation

Date of EC approval:

Start date of the study:

Date of completion:

Review category under which the study was approved:

Proposed amendment if any:

Date of EC approval:

Sample size of the population approved by the EC:

Actual sample size of the population recruited:

Number of participants discontinued/withdrawn their participation, if any:

Provide the reasons for withdrawal of participants:

Describe briefly how the study findings will be disseminated.

Describe the ethical issues (if any) encountered in the study.

Was there any violation of ethical guidelines or deviation during the study?

- No

- Yes _____

Do you plan to archive/ store the collected data post research?

- No
- Yes

If yes, then mention:

1. Time period
2. Who will have access to the data?
3. Will you store the anonymized data or non-anonymized data?
4. Please outline your plans for securely storing hard copies of documents such as the consent form, assent form, and survey questionnaires
5. How will you ensure data safety of the archival records?

Do you plan to conduct a post study follow up with your study participants?

- Yes _____
- No

Is there a plan to share any post-study benefits with the participants?

- Yes _____
- No

Provide a summary of the results along with the conclusion.

Was there any serious adverse event during the research?

- Yes _____
- No

If yes, how did you address the SAE?

Signature of the PI:

Signature of the Collaborators:

Signature of thesis advisor: