

**Massachusetts Institute of Technology**
Committee on the Use of
Humans as Experimental Subjects

COUHES

**COUHES Protocol #**

**FINAL REPORT CLOSURE FORM**

*Use this form if your study is completed or if you do not wish to continue your project. Study completion means that ALL of the following conditions have been satisfied:*

* *your study is closed to enrollment;*
* *all subjects have completed all study procedures;*
* *data collection is completed;*
* *data analysis is completed.*

*No further research with human subjects can be conducted after the protocol is closed.*

|  |
| --- |
| **I. BASIC INFORMATION**  |
| **1. Title of Study** |
|       |
| **2. Principal Investigator** |
| Name:       | Building and Room #:       |
| Title:       | Email:       |
| Department:        | Phone:       |
| **II. STUDY INFORMATION**  |
| **3. Why is the study being closed?** |
| [ ]  The study is closed to enrollment; all subjects have completed all study procedures; data collection is complete; AND data analysis is complete. [ ]  Other (Explain):       |
| **4. How many subjects have been consented in this study?** |
| A. Since the start of the study: Adults:       Minors:       | B. Number of subjects approved for this study: Adults:      Minors:      |
| C. Number of subjects withdrawn from the study (include subjects consented but not studied):       i. State reason for withdrawal and state if an Adverse Event Report form was submitted:       |
| **5. Were there any adverse events and/or unanticipated problems experienced by subjects or others that have not been previously reported to COUHES?** *All adverse effects and/or unanticipated problems must be reported to COUHES. If you have not reported an adverse event and/or an unanticipated problem, please attach an adverse event/unanticipated problem reporting form.* |
| [ ]  Yes [ ]  No  |
| **6. Were there any subject complaints that have not been previously reported to COUHES?**  |
| [ ]  Yes [ ]  No *If yes, please explain:* |
| **7. Summarize the final findings of your study.**  |
|       |

**Signature of Principal Investigator Date**

**Print Full Name and Title**

**Signature of Department Head Date**

**Print Full Name and Title**

***Signed copies of the Final Report Closure Form should be e-mailed to*** ***couhes@mit.edu******. In addition, two single sided hardcopies must be submitted to the COUHES office: Building E25-Room 143b.***