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Description automatically generated with medium confidence

**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| C. Number of subjects withdrawn from the study (include subjects consented but not studied):  i. State reason for withdrawal and state if an Adverse Event Report form was submitted: | | |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***](mailto:couhes@mit.edu)***. In addition, two single sided hardcopies must be submitted to the COUHES office: Building E25-Room 143b.***