# IRB Wise Study Closure Example and Guidance

This presentation includes an example of a Study Closure submission in IRB Wise and also includes guidance for each section of the submission. The screen shots are of an example and the responses are not to be taken as the correct response. Each study is different, and therefore each response and each section will need to be filled out to tailor to your study. Please contact the Office of Research Integrity Assurance if you have any questions.

### Start Page on IRB Wise

earch by Protocol Number: Go				Select One T IRBWISE, Principal Investigator
<ul> <li>Protocols for Principal Investigator</li> </ul>	alerts my protocols my account			nerroe, rinopa mootigeo
now: All of My Submissions		1		Submit New Protoco
age: [1] <u>2</u>   <u>Show All</u>				
ubmission	Protocol Title	Current Status	Current Approval Period	Last Update
mendment #1 for TEST STUDY - 1	Test Study	Approved		12/12/2019
otocol TEST STUDY - 1	Test Study	Approved	12/12/2019 - 12/11/2020	12/12/2019
otocol		New		02/19/2018
tocol		New		02/06/2018
otocol TEST2016	Examining the clinical motivations for personalized health technology	Withdrawn		08/26/2016
otocol		New		07/22/2016
otocol	Demo BME 1300	Withdrawn		06/02/2016
otocol	BME1300	Withdrawn		06/02/2016
otocol	Test 123	New		01/19/2016
otocol	Demo for HCI	Withdrawn		08/28/2015
otocol Test123	Renu Test with OIT 508	Closed	11/22/2013 - 11/21/2014	09/22/2014
Dtocol	testing #2 mpowell	New		11/22/2013
<u>ptocol</u>	Test Protocol	Withdrawn		04/09/2009
otocol	222	Withdrawn		10/29/2008
otocol	Test Protocol	Withdrawn		10/29/2008
otocol	BME 1300 Demo 2008	Withdrawn		10/29/2008
otocol	BME PM Lab 2008	Withdrawn		10/29/2008
estigator Brochure #1 for null	222	Withdrawn		09/03/2008
otocol	bmed1300 demo protocol	Withdrawn		10/11/2006
otocol	BME 1300-	Withdrawn		10/11/2006

Visit the <u>Georgia Tech IRB Website</u> All e-mail will go to sudagar.sundaram@gtri.gatech.edu instead of the real recipient.

To submit a Study Closure, please click "My Protocols" (circled in red) at the top of the screen and then select the study that you wish to close.

# Reporting a Study Closure

Home Feedback Logout STRBWISE" Search by Protocol Number: Go Tasks: Select One T ✓ With PI With Department Head Approval Submitted to IRB ✓ Under Review Final Disposition Summary of Protocol TEST STUDY - 1 Select One Grant Access to Protocol submission permissions history Report Adverse Event details summary **Report Deviation** Protocol TEST STUDY - 1 Report SAE Title: Test Study Current Status: Approved Report Study Closure Principal Investigator: Principal Investigator Last Activity: 12/12/2019 - Amendment #1 for TEST STUDY - 1 Approved by IRB Admin Assigned: Scott Samuel Katz Request Amendment Committee Assigned: Original Approval Start: 12/12/2019 **Request Continuing Review** Current Approval Period: 12/12/2019 - 12/11/2020 **Review Type:** print \* **Protocol Summary** Protocol Description: Protocol Department: Research Personnel 1 nersonnel

Visit the <u>Georgia Tech IRB Website</u> All e-mail will go to sudagar.sundaram@gtrl.gatech.edu instead of the real recipient.

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Once in the selected study, please click the Tasks drop-down menu and select "Report Study Closure."

Search by Protocol Number: Go	Tasks: Select One
Report Study Closure     With PI     With Department Head Approval     Submitted to IRB     Under	View Final Disposition Welcome to IRBWISE, Principal Investigator
Study Closure for TEST STUDY - 1	As Of: March 2, 2020 11:25 AM
Admin Assigned:	Current Status: New
Committees Assigned:	Last Activity: 01/10/2020 - Created
Review Type:	Date Approved:
Protocol TEST STUDY - 1	As Of: March 2, 2020 11:25 AM
Title: Test Study	
Principal Investigator: Principal Investigator	Current Status: Approved
Admin Assigned: Scott Samuel Katz	Last Activity: 03/02/2020 - AE #1 for TEST STUDY - 1 Submitted to IRB
Committee Assigned:	Original Approval Start: 12/12/2019
Review Type:	Current Approval Period: 12/12/2019 - 12/11/2020
view approved Protocol details >>	

Study Closure Questions

Requests that the Study Be Closed

### A Is enrollment of subjects closed?

No, additional subjects will be enrolled. (In this case, the study CANNOT be closed. A request for continuing approval must be submitted).

YES, enrollment is closed, and no additional subjects will participate.

### B If enrollment is complete, provide the date the last subject enrolled.

02/20/2020	editor window

### C Is data analysis continuing?

No, all analysis is complete.

Yes, analysis is ongoing. Data contain identifiers such that individual subject might possibly be identifiable. (In this case, the study CANNOT be closed, and a request for continuing approval must be submitted).

Yes, analysis is ongoing. Data have been stripped of all identifiers. (In this case, the study may be closed, even though analysis will continue).

When reporting a Study Closure, please be sure to answer all of the questions within the submission.

D How many subjects were enrolled in the past approval period?

15	editor window
15	enrolled to date in this study? ?
nat was the age range of the subjects'	?
	(editor window)
18-25	earcer window
ny subjects withdrew themselves fro	om the study during the past year, state how many subjects and the reason(s) for withdrawal.
ny subjects withdrew themselves fro	om the study during the past year, state how many subjects and the reason(s) for withdrawal.
N/A	om the study during the past year, state how many subjects and the reason(s) for withdrawal.
ny subjects withdrew themselves fro	om the study during the past year, state how many subjects and the reason(s) for withdrawal.
ny subjects withdrew themselves fro N/A ny subjects were withdrawn by the st	tudy team in the past year, state how many subjects and the reason(s) for withdrawal.
ny subjects withdrew themselves fro N/A ny subjects were withdrawn by the st	tudy team in the past year, state how many subjects and the reason(s) for withdrawal.

This is a continuation of the Study Closure request. Please be sure to answer all of the questions within the submission. Additionally, please be sure to state how many subjects were enrolled both since the past approval period (question D) and total (question E).

File Uploaded:

upload file

Provide citations of any abstracts or publications resulting from this study. Studies down list.	involving the Department of Defense require that copies of abstracts & publications be provided to the IRB. Upload these documents by using Attach Supplemental Documents in the task dro
PI Name., Co-PI Name. Journal Name (2020) 21: 114.	@ditor window
If any subject enrolled in the study at any site suffered an unexpected or serious ad	
N/A	editor window
If any problems occurred in the process of obtaining and documenting informed co	insent, describe what happened and how the problem was resolved.
N/A	editor window
Incidental findings are possible medical abnormalities that may have clinical implic cardiac insufficiency, or a brain imaging study of depressed individuals that reveals	ations and that are observed in the course of research studies but are unrelated to the topic under study. Examples include a screening protocol for an exercise intervention that identifies a s potential structural abnormality.
Provide a brief summary of any changes that have been made to the project during	the last approval period (changes in consent/assent form or process, investigators, protocol amendments). If the study was terminated before completion, explain why.
We submitted several amendments to change the procedures, enrollment numbers, and consent process(more detail)	editor window
Provide a brief summary of the results obtained in the study. If there are no results	to report at this time, so state and explain why.
This study showed how to submit multiple type of IRB submissions(more detail)	editor window
1	

This is a continuation of the Study Closure request. Please be sure to answer all of the questions within the submission.

P * required * Have you or will you (PRINCIPAL INVESTIGATOR), your spouse, domestic partner, or minor dependents: Receive compensation from a company/entity including salary consulting fees or honoraria related to this research (do not include salary, grant support, and other payments for services from Georgia Tech)?				
Receive royalty or licensing payments from a company/entity related to this research?				
Have any intellectual property rights or royalties from such rights whose value may be affected by the outcome of this research, including royalties under any royalty-sharing agreements involving the University?				
Receive gifts/benefits, including reimbursed or sponsored travel, from a company/entity related to this research?				
Have equity or ownership interest (includes stock options) in a public or private company/entity related to this research?				
Be a director, officer, partner, trustee, employee, or do you hold any other type of management position with a company/entity related to this research?				
Received in the past 12 months, or do you anticipate receiving in the next 12 months, any combination of remuneration, fees, royalties, or honoraria, which exceeds \$5,000 when aggregated, from an entity whose products or services are used or studied in this research or who are developing products services that this research is intended to study or evaluate?	lucts or			
Receive any compensation whose value could be affected by the outcome of this research (excluding compensation paid from the research grant)? If the answer is YES to any of the above, upload a copy of your Conflict of Interest Management Plan approved by the Office of Conflict of Interest Management.				
<ul> <li>No, there is no conflict of interest to report.</li> <li>Yes, my approved conflict of interest management plan is uploaded.</li> </ul>				
editor window				
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Receive royalty or licensing payments from a company/entity related to this research? Have any intellectual property rights or royalties from such rights whose value may be affected by the outcome of this research, including royalties under any royalty-sharing agreements involving the University? Receive gifts/benefits, including reimbursed or sponsored travel, from a company/entity related to this research? Have equity or ownership interest (includes stock options) in a public or private company/entity related to this research? Be a director, officer, partner, trustee, employee, or hold any other type of management position with a company/entity related to this research? Received in the past 12 months, or anticipate receiving in the next 12 months, any combination of remuneration, fees, royalties, or honoraria, which exceeds \$5,000 when aggregated, from an entity whose products or services are used or studied in this research or who are developing products or	services that			
this research is intended to study or evaluate? Receive any compensation whose value could be affected by the outcome of this research (excluding compensation paid from the research grant)? If the answer is YES to any of the above, upload a copy of the Conflict of Interest Management Plan approved by the Office of Conflict of Interest Management.				
<ul> <li>No, there is no conflict of interest to report.</li> <li>Yes, the approved conflict of interest management plan is uploaded.</li> </ul>				
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File Uploaded:				
Save and Stay Here Save and Finish Later Save and Submit Application	тор			

This is a continuation of the Study Closure request. Please be sure to answer all of the questions within the submission. When finished, please select "Save and Submit Application" (circled in red).

\* required \* Have you or will you (PRINCIPAL INVESTIGATOR), your spouse, domestic partner, or minor dependents: Receive compensation from a company/entity including salary consulting fees or honoraria related to this research (do not include salary, grant support, and other payments for services from Georgia Tech)?

Receive royalty or licensing payments from a company/entity related to this research?

Have any intellectual property rights or royalties from such rights whose value may be affected by the outcome of this research, including royalties under any royalty-sharing agreements involving the University?

Receive gifts/benefits, including reimbursed or sponsored travel, from a company/entity related to this research?

Have equity or ownership interest (includes stock options) in a public or private company/entity related to this research?

Be a director, officer, partner, trustee, employee, or do you hold any other type of management position with a company/entity related to this research?

Received in the past 12 months, or do you anticipate receiving in the next 12 months, any combination of remuneration, fees, royatties, or honoraria, which exceeds \$5,000 when aggregated, from an entity whose products or services are used or studied in this research or who are developing products or services that this research is intended to study or evaluate?

Receive any compensation whose value could be affected by the outcome of this research (excluding compensation paid from the research grant)? If the answer is YES to any of the above, upload a copy of your Conflict of Interest Management Plan approved by the Office of Conflict of Interest Management.

### No, there is no conflict of interest to report.

Q Has/will ANY OTHER MEMBER OF THE RESEARCH TEAM, his/her spouse, domestic partner, or minor dependents:

Receive compensation from a company/entity including salary consulting fees or honoraria related to this research (do not include salary, grant support, and other payments for services from Georgia Tech)?

Receive royalty or licensing payments from a company/entity related to this research?

Have any intellectual property rights or royalties from such rights whose value may be affected by the outcome of this research, including royalties under any royalty-sharing agreements involving the University?

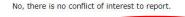
Receive gifts/benefits, including reimbursed or sponsored travel, from a company/entity related to this research?

Have equity or ownership interest (includes stock options) in a public or private company/entity related to this research?

Be a director, officer, partner, trustee, employee, or hold any other type of management position with a company/entity related to this research?

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Receive any compensation whose value could be affected by the outcome of this research (excluding compensation paid from the research grant)? If the answer is YES to any of the above, upload a copy of the Conflict of Interest Management Plan approved by the Office of Conflict of Interest Management.





After clicking "Save and Submit Application," you will be asked to review all of the information to ensure it is accurate. If the information needs to be revised, please click "Edit Study Closure Request." If the information is accurate, then please click "Submit Study Closure Request to IRB" (circled in red).

Congratulations! You have officially submitted your Study Closure Request to the IRB.

Please contact the Office of Research Integrity Assurance if you have any questions regarding the submission process.

Office of Research Integrity Assurance Georgia Institute of Technology Dalney Street Building 926 Dalney Street NW, Atlanta, GA 30332-0415 Email: IRB@gatech.edu Website: https://oria.gatech.edu/irb