**IBC STUDY CLOSURE REQUEST FORM**

**Principal Investigator:**        **Sponsor:**

###### **Institution:**        **Protocol:**

The criteria for ending IBC oversight of a study include: **completion of enrollment and dosing at your site; removal of the study agent from your site; and completion of the IBC-determined oversight period for your site.**

If you believe the above criteria have been met, please complete and return this form to IBCServices@wcgclinical.com. You will receive a study closure letter when this request is accepted. Until then, IBC oversight of the study at your site will remain active.

As a reminder, your IBC is a standing committee that will remain active and ready to review new research at your Institution as needed; we look forward to new study submissions from you in the future.

1. **Is enrollment permanently closed at your site?** Yes [ ]  No [ ]
2. **Is the study agent on site for this Protocol?**  Yes [ ]  No [ ]
3. **Is all dosing complete at your site?** Yes [ ]  No [ ]
	1. **Date of last living subject’s final dose:**
	2. **Are any dosed subjects still being followed per the Protocol?** Yes [ ]  No [ ]
4. **Is there a possibility for subject retreatment or crossover at your site?1** Yes [ ]  No [ ]

**1** Many studies allow for the retreatment of previously-dosed subjects or crossover of subjects from a control arm to an active arm, irrespective of enrollment closure. If either is true for the study noted above, consider delaying closure with the IBC until additional dosing is no longer a possibility, as resumption of dosing activities after study closure will require re-approval during a convened IBC meeting.

**Completed by:**

**Name:**       **Date:**

**Email:**       **Phone:**

**Please retain a copy of the completed report for your study records.**