**CLOSURE REPORT**

**Protocol Number (IRBNet):** Click here to enter text.

**Expiration Date:** Click here to enter text.

**Principal Investigator:** Click here to enter text.

**ProjectTitle:** Click here to enter text.

**The Closure Report should include a summary of the overall conduct of the study. The investigator must provide proper assurance that there are no active participants or potential risks to prior participants. The Closure Report should identify the measures taken to prevent any potential risks to prior participants.**

**\*Please include a statement to indicate all data has been de-identified and that all links to identifiable data have been destroyed.**

Click here to enter text.