National Marrow Donor Program® Institutional Review Board

**NMDP Single IRB**

**study site closure form\***

\* This form is **not** to be used for BMT CTN studies. For BMT CTN studies, the BMT CTN DCC will notify sites by memo when the study may be closed with the NMDP IRB.

1. Protocol ID Number:
2. Protocol Title:
3. Name of Signatory Institution:
4. Principal Investigator information
	1. Name (include full name and highest degree earned):
	2. Institution:
	3. Phone number:
	4. Email address:
5. Person completing this form
	1. Name:
	2. Title:
	3. Institution:
	4. Phone number:
	5. Email address:
6. All criteria listed below must be met in order for the study to be closed at your local institution. Please verify that the criteria below have been met at your local institution by checking the boxes:

[ ] The study is closed to accrual at the local institution.

[ ] All study participants on this study at the local institution have completed study intervention(s) and follow-up activities OR no study participants were enrolled at the local institution.

[ ] There will be no further research activities for this study (this includes recruitment, enrollment, data collection, data analysis, data submission, etc.) at the local institution.

1. Reason(s) for closing the study at your local institution:

[ ]  Study completed

[ ]  Poor Accrual

[ ]  Funding Issues

[ ]  Other: Please explain:

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Signature of Principal Investigator Date

**Email this form to** **NMDPSIRB@nmdp.org****. Questions? Email** **NMDPSIRB@nmdp.org****.**