|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | | |
| **FHIRB #:** |  | **SITE #** (e.g., SITE005): |  |
| **RG #:** |  | **Protocol #:** |  |
| **Lead Principal Investigator:** |  | | |
| **Site PI:** |  | | |
| **Study Title:** |  | | |

|  |  |  |
| --- | --- | --- |
|  | Diagram  Description automatically generated | **FORM: Closure – Participating Site** |

INSTRUCTIONS

This form is to be used for a Participating Site ***outside*** the Fred Hutch/University of Washington/Seattle Children’s Cancer Consortium when the site is relying on the Fred Hutch IRB.

The Fred Hutch study team submits this form using the Comment activity on the pSite’s workspace. To do this:

* Navigate to the study workspace
* Click the **Sites** tab.
* Click the name of the pSite that you want to close.
* In the lefthand menu, select **Add Comment** and attach this completed and signed form. Select **IRB Coordinator** as the recipient of the Comment to ensure our staff receives a notification.

Note: A closed pSite workspace will have a status of “Inactive” until the entire study closes.

1. CLOSING CRITERIa

1.1 To permanently close this site, all closing criteria below must be met at this site. Check all that apply.

Study is permanently closed to enrollment at this site OR was never open for enrollment

All subjects have completed all study-related interventions at this site OR not applicable (e.g., study did not include interventions, no subjects were enrolled)

Collection of private identifiable information is complete at this site OR not applicable (no subjects were enrolled)

Analysis of private identifiable information is complete at this site OR not applicable (no subjects were enrolled)

All biospecimens at this site have been used, destroyed, or transferred OR not applicable (no biospecimens were collected)

1.2 Date all closing criteria were met:

2. SITE PI ACKNOWLEDGMENT AND SIGNATURE

As the site Principal Investigator (PI) or designated proxy for this study, I provide assurances for the following:

A. All of the information provided in this submission is complete and correct.

B. I acknowledge that this site will be permanently closed and will no longer have IRB oversight.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Site Investigator or Designee\* |  | Signature of Investigator or Designee\* |  | Date |

\*I am signing this form as a designee. By checking this box, I affirm the site PI is aware of this submission and has given me permission to submit on their behalf. I will save documentation of the site PI’s permission to submit this form.