

NewYork-Presbyterian/Queens
Theresa & Eugene M. Lang Center for Research & Education
Termination and Enrollment Closure Form

DO NOT SUBMIT THIS FORM IF YOU ARE CURRENTLY FILING FOR A CONTINUING REIEW	
Sponsor Name:	Protocol #:
Protocol Title:	
Principal Investigator:	
Name of Person Completing this Form:	
Email:	Phone #

1. Indicate the status of this study at your site.
 - Study has been **terminated at this site**
subjects are in follow-up, no study activity is being conducted, no analysis of data from this site remains, and no private identifiable health information is being collected. Selecting this option will terminate your IRB approval. No study-related activity may occur without IRB approval.)
 - Study is **closed to enrollment at this site**
(Subjects are active in the study and/or remain in follow-up. You will still be required to file for continuing approval if the study is not terminated prior to expiration of IRB approval.)
2. Total subjects who signed the consent form: _____
3. Were there any Serious Adverse Events (SAE) or other unanticipated problems at your site that have not been previously reported to NYP/Queens IRB?
 - No**
 - Yes** (If yes, please attach the information)
4. Comments about the study: (Use reverse side or additional pages, if needed)

Signature of Principal Investigator

Date