



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

CRIHB Institutional Review Board Research Protocol Close-out Form

Please complete this form to close out a research protocol.

Email to: CRIHB.IRB@crihb.org

Protocol Title: _____

IRB (Protocol) #: _____

Principal Investigator (PI) Name: _____

Address: _____

Email Address: _____

Telephone Number: (____) _____ - _____

Is research complete? Yes No

If research is complete and was conducted according to the protocol submitted, provide an abstract of the findings and attach any publications produced as a result of this research. If the research was not completed, briefly explain.

PI Name: _____

PI Signature: _____

Date: ____