**Study Title:**

**UC Protocol Number:**

|  |  |
| --- | --- |
| **Relying Institution:** |  |

|  |  |
| --- | --- |
| **Site PI Name:**  |  |
| **Site PI Credentials:** |  |
| **Site PI Title:** |  |

**Enrollment Status and Study Status:**

|  |  |
| --- | --- |
| **Total Number of Individuals Consented At Relying Site Including Screen Failures and Withdraws**  |  |
| **Describe enrollment activities to date as well as status of current subjects at Relying Site**  |  |

**Minor Protocol Deviations/Violations and Other Safety Concerns:**

|  |  |
| --- | --- |
| **Please summarize any minor protocol deviations or violations that occurred in the past year at the Relying Sites. If applicable, please describe any corrective action plans implemented or to be implemented to address these issues** |  |
| **Please summarize other problems, adverse events or safety concerns that occurred in the past year**  |  |

**Site Closure:**

|  |  |
| --- | --- |
| **Why is this site being closed?** |  |
| **If subjects are currently on study and/or being followed, please clarify how they will be informed of study closure** |  |

|  |
| --- |
| **Relying Site Principal Investigator Attestation and Signature** On behalf of the participating site, I confirm that the information provided is accurately reflected and all research activities have ceased including but not limited to:* All research interventions (e.g. labwork, investigational drug administration, radiology exams) and interactions (e.g. questionnaires, follow up phone calls) with research participants are complete.
* All planned data analyses conducted by the sites’ investigators are completed, including data analysis required for pending journal publications.
* Data cleaning, auditing, and queries from the sponsor/lead site (when applicable) are completed.
* All data from the EMR has been collected and the EMR will not be accessed again for the research.

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