

Date: [Insert Date]

To: [Principal Investigator Name]

Department: [Department Name]

Institution: [Institution Name]

Subject: Final Clearance and Protocol Closure Notification

Protocol Title: [Insert Full Study Title]

Protocol Number: [Insert Protocol/IRB Number]

Expiration Date: [Insert Original Expiration Date]

Dear [Principal Investigator Name],

The [Name of Review Board/Committee, e.g., IRB or IACUC] has received and reviewed your Final Study Report and request for protocol closure dated [Insert Submission Date].

Based on the information provided, it is confirmed that all research activities involving human participants or animal subjects under this protocol have been completed. This includes data collection, interventions, and the analysis of identifiable private information.

Official Status: CLOSED

Please note the following requirements regarding this closure:

- **Data Retention:** You are required to maintain all research records and signed consent forms for a minimum of [Number, e.g., 3] years following the closure of this study, or as required by your funding agency.
- **No Further Activity:** No further research activities or data collection related to this protocol may occur. Any future research must be submitted as a new protocol application.
- **Adverse Events:** Any unexpected problems or complaints that arise post-closure related to the study must still be reported to this office.

Thank you for your cooperation throughout the research process. If you have any questions regarding this final clearance, please contact the [Office Name] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Authorized Signatory]

[Title/Position]

[Name of Department/Committee]