



Please include this form with all clinical trial closure requests

Request Date: _____ Closure Effective Date: _____

PI Name: _____ Department: _____

Grant Number: _____ Index Number: _____

Has **all** revenue been received? Yes No

Have **all** expenses been paid? Yes No

Has the index been reconciled? Yes No

Have **all** open commitments been liquidated? Yes No

If you answered “no” to any of the questions above, do not proceed with this request until those actions are completed.

The following documents are required with this request (check all that apply):

- Completed IRB closure forms
- WIRB/CIRB closure letter
- Sponsor closure letter
- other _____

Please list the index where either the balance or the deficit should be transferred:

Index _____

(Requester Name & Title)

Please email this request and the required documents listed above to ax9127@wayne.edu, **after** all the appropriate actions are completed for closure processing.