



Duke CARE Protocol Closure Checklist

Date: _____

Principal Investigator: _____ Division: _____

IRB # _____

Research Study (Title): _____

PI Verification

By signing below, I verify that I have:

- Ended enrollment in the above named protocol
- Sent the final cumulative Enrollment Log to the CARE Operations Manager
- Scanned in all signed informed consent forms and stored them in the shared "Research Consents" drive
- Have submitted the Duke University required "Request for Closeout of Fund related to Patient Oriented Research" form

PI Signature _____

Date _____

PI Printed Name _____

CARE Management Verification

I have verified the completion of the above listed items.

CARE Management Signature _____

Date _____