**STUDY CLOSURE REPORT**

**Type of Closure:**  **Closure to Accrual**  **Final Closure**

**Title of Research Project**:

**Date Project Initiated at Trillium Health Partners**:

**Date Closed**:

**Summary of Findings**:

**Publication(s)**:

**If this study has led to practice changes at Trillium Health Partners, please describe**:

**Summary of Study Impacts to Trillium Health Partners – Please indicate if all areas identified as being impacted by the study have been compensated as agreed upon at the onset of the study.**

**YES**  **/NO**  **(please check one):**

**If NO, please indicate when reimbursement can be expected**.

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**Signature of Investigator Date**