



Foundation for Atlanta *Veterans* Education and Research

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### CLINICAL TRIAL CLOSEOUT CHECKLIST

Principal Investigator:	
Sponsor:	
Study Title:	
R&D Project Number:	
IRB Approval Number:	
FAVER Grant ID:	

*After consultation with the FAVER Executive Director, Principal Investigator and/or Coordinator must complete Section 1 and submit to the FAVER Executive Director.*

#### Section 1

##### Confirmation of Funds and Expenses

Sponsor has been notified of all services performed and all appropriate CRFs have been submitted

Funds received match the expected payment amount based on enrollment and patient completion of study activities

- There are no outstanding payments due to the VA  
 There are no outstanding payments due to any other source(s)

##### Study Participants

Number of subjects that participated in this study: \_\_\_\_\_

Of the total listed above, how many:

Completed the study: \_\_\_\_\_

Were drop-outs: \_\_\_\_\_

Were screen failures: \_\_\_\_\_

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#### *Section 2 to be completed by FAVER Executive Director and Controller*

#### Section 2

##### Contract Terms

Reviewed terms of agreement and verified any remaining balance is **not** required to be returned to sponsor

##### Accounting Terms

- Encumbrances have been cleared  
 Transfer unobligated balance to PI's unrestricted account

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
FAVER Executive Director

\_\_\_\_\_  
Date