

Calgary Centre for Clinical Research (CCCR) Project Code Closure Form

	Project #:			Ethics #:			
	Dept ID:			Protocol No:			
	Sponsor Name:	:					
	Study Name:						
	Prior to closu	ure of tl	ne project code, please ar	nswer the following questions:	Yes	No	
1	Are all revenue and expenses posted on EFIN for this project?						
2	Are there any outstanding transactions yet to be posted for this project?						
3	Is there a Holdback on this study as per the study contract holdback clause? (If applicable)						
4	If answered yes to the Holdback, have you received these funds?						
5	Does the contract allow surplus funds to be retained by the University?						
6	Would you like the remaining balance transferred to the residual code?						
-	Note: Surpluses from Research funded by Federal Agencies such as Tri-council, NIH, etc. cannot be retained by the University.						
7	If YES indicated f	or #5 &	#6, please indicate Resid	lual Project Code			
8	Is the CHREB clos	sure for	m attached?		Yes	No	
9	Please indicate how many boxes to be sent for an			-	Number o		
	If no other arrangements have been made with CCCR, as per the storage policy and storage fee schedule, storage fees will be removed from surplus of the ab- mentioned project code or the PI's Residual Project Code or the Department Head will be invoiced utilizing the number of boxes indicated and the storage fee calculator.						
	Other Comments:						
	Project Holder Signature:						
	By signing this form, I am declaring that the information is complete and accurate. Furthermore, I declare that I am an authorized signing authority for						the above
	mentioned project codes and authorize the University of Calgary to remove the necessary close out costs that involve storage-archiving fees and/or outsta overhead as per University policy.						
	Print Project Hol	der					
	Name						
	Date:			Telephone #:			
Please email completed closure form to cccr@ucalgary.ca							
					Questions?		
					Calgary Centre f	or Clinical Resea	rch (CCCR)
	Protocol Projec	ct Code	does not appear in the A list on PSP, it must first b called "My Existing Proto	3280 Hospital Dr Phone: (403) 210 Fax: (403) 210-7	5th Floor TRW Building 3280 Hospital Drive NW Phone: (403) 210-6730 Fax: (403) 210-75 Email: cccr@ucalgary.ca		

Please note applicable overhead and storage fees will be removed prior to any transfers of surpluses.