



<b>CLOSE OUT REQUEST FORM</b>	
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<b>PATS #</b>	
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<b>IRB #:</b>	
<b>FULL TITLE:</b>	
<b>DETAILEDREASON:</b>	
<b>HAS ALL FUNDING BEEN RECEIVED FOR THIS STUDY:</b>	

Email To: [clinicaltrials@mednet.ucla.edu](mailto:clinicaltrials@mednet.ucla.edu)

Fund Manager Name:

Fund Manager Phone:



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