RESEARCH PROJECT TERMINATION FORM

University of North Dakota Institutional Review Board

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| This form is submitted for a **concluded or cancelled** research project that was previously approved by the IRB. This form should be completed after data analysis has concluded. The completed form should be returned to **IRB, Tech Accelerator, Suite 2050, 4201 James Ray Drive Stop 7134, Grand Forks, ND 58202-7134 or** **UND.irb@UND.edu.** |
| Date:  | Project Number:  |
| PrincipalInvestigator(s)  | Department/ |
| College:  |
| Current Address:  |  |
| Project Title:  |  |

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| Human subjects Involved in the activity: |
| Abortuses | Adults (18 and over) |  | Cognitively Impaired | Prisoners |
| Fetuses | Children (age[s]  | ) | Mentally Ill | Pregnant Women |
| This project was last reviewed and approved by UND’s IRB on |  . |
|  |  | (Date) |
| **Project completed:** Summarize the results of the research or submit a reprint of research finding(s), if published, and indicate number of subjects below. |
| **Project has not been/will not be completed:** No further work will proceed under this project number for the following reason(s): |
| Research will continue under another project title(s)/number(s); reporting is no longer necessary for this project title(s)/number(s). |
| Please list new project number(s):  |
| Project director has left the University of North Dakota. Any existing subject consent materials are filed at (location)  |
| Project never funded. No subjects were recruited. |
| Other (please list):  |
| **The total number of subjects studied from**  | **to**  | **was** | . |
|  | (Original Approval Date) | (Termination Date) |  |
|  | Signature of Principal Investigator |  |  | Date |

**IRB USE ONLY**

Comments:

Approved Not Approved

Signature of Reviewer, IRB: Date: