



# Institutional Review Board/IRB-00002563 Research Project Termination Form

This form is submitted for a concluded or canceled research project that was previously approved by the Altru Health System Institutional Review Board. This form should be completed after data analysis has concluded. The completed form should be returned to: Marie-Laure Reese - IRB Office, Altru 860 Columbia, P.O. Box 6002, Grand Forks, ND 58206-6002

Date: \_\_\_\_\_ IRB # \_\_\_\_\_

Department/College: \_\_\_\_\_

Principal Investigator(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Research Coordinator: \_\_\_\_\_

Project Title: \_\_\_\_\_

Date of approval of project by Altru IRB: \_\_\_\_\_

- Project completed:  
Summarize the results of the research or submit a reprint of research finding(s), if available.
- Project has not been/will not be completed for the following reason(s):
  - Unable to recruit subjects
  - Funding terminated
  - Project never funded
  - Other: \_\_\_\_\_

Please report any serious adverse events that happened since last Continuing Review, if applicable:

The total number of subjects enrolled from \_\_\_\_\_ to \_\_\_\_\_ was \_\_\_\_\_  
(Original Approval Date) (Termination Date)

Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>IRB USE ONLY:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments: _____		
Signature of Chair/Designee: _____ Date: _____		

Completed by: \_\_\_\_\_