



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 Office, 1200 S. Columbia Rd; Grand Forks, ND 58201 Email: mreese@altru.org

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 _____
(Original Approval Date) (Termination Date)
was _____

Principal Investigator Signature: _____ Date: _____

IRB USE ONLY:

Approved _____ Not Approved _____

Comments:

Signature of Chair/Designee: _____ Date: _____