

Institutional Review Board Protocol Termination Report (2 pages)

For Office Use Only					
Received date:		Termination date:			
Please submit the completed for to the IRB at irb@wcsu.edu					
Protocol Number:					
Principal Investigator:					
Protocol Title:					
Brief description of the protocol & results (e.g., abstract):					
Has or will this research result/ed in any publications? If yes, please submit a copy of the publication(s) to the IRB. _					
Yes (already accepted or in press).					
No (no plans to submit).					
Maybe (plan to submit eventually).					
Number of subjects enrolled at WCSU:					
1. Initially Enrolled					
2. Completed the study					
Number of subjects enrolled at another site					
1. Initially Enrolled					
2. Completed the study					
Serious Adverse Events					
Have there been any serious adverse events on this protocol?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please list the number of adverse events					
Has each of these been reported to the IRB?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If the events have not been reported, attach a completed Adverse Event Form .					
Reason for termination of this protocol:					
1. Protocol reached goals					
2. Protocol never received funding					
3. Principal investigator or major co-investigator left the institution					
4. Not enough subjects for project to be completed (if seeking renewal or extension, please submit renewal form).					
5. Protocol closed due to adverse reaction(s)					
6. Investigator lost interest in the study					

7. Other (please explain below)
<i>By typing my name, I certify (on behalf of all investigators in the study) that as of the date below, subjects are no longer being studied or followed on this protocol and therefore this protocol should be officially terminated by the IRB.</i>
Principal Investigator's Signature and date:
I have reviewed the termination report.
IRB Chair's Signature and date:

Last updated: 6/27/06