

**RESEARCH PROJECT TERMINATION FORM**  
**University of North Dakota Institutional Review Board**

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](mailto:UND.irb@UND.edu)**.

Date: \_\_\_\_\_ Project Number: \_\_\_\_\_

Principal Investigator(s) \_\_\_\_\_ Department/College: \_\_\_\_\_

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

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

Human subjects Involved in the activity:

- |                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Abortuses | <input type="checkbox"/> Adults (18 and over)    | <input type="checkbox"/> Cognitively Impaired | <input type="checkbox"/> Prisoners      |
| <input type="checkbox"/> Fetuses   | <input type="checkbox"/> Children (age[s] _____) | <input type="checkbox"/> Mentally Ill         | <input type="checkbox"/> 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 \_\_\_\_\_ (Original Approval Date) to \_\_\_\_\_ (Termination Date) was \_\_\_\_\_.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

**IRB USE ONLY**

Comments:

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature of Reviewer, IRB: \_\_\_\_\_

Date: \_\_\_\_\_