

IRB FORM 8**LYNN UNIVERSITY INSTITUTIONAL REVIEW BOARD
IRB REPORT OF TERMINATION OF PROJECT**

The following information must be submitted in typed or word processed format. Fill in all information lines. If information is not applicable, indicate by answering "N/A."

IRB Project Number:
Principal Investigator:
Project Title:
Date of initial IRB approval (for this project):
Initial Review: Full ___ Expedited ___ Exempt___ (<i>Check the appropriate item</i>)
Date (s) of IRB <u>all</u> approvals for renewals (continuations, for this project), if applicable:

Report changes only to items listed below since last IRB review (initial or continuing).

Principal Investigator: (<i>Full name and educational credentials</i>)	
Principal Investigator: Address	
Project Title:	
Students: <i>Specify Degree Program</i>	
Employees enrolled in degree programs, complete this item	
Employee: <i>Specify Position and Employment Unit</i>	
Phone Number: (Work)	
Phone Number: (Home)	
Phone Number: (Mobile)	
FAX Number:	
E-mail:	
Faculty Sponsor (If applicable)	
Phone Number: (Work)	
E-mail:	
Co-Investigators (Associate or Collaborating Investigator(s): Names, titles and address. If list is extensive, insert on a separate page.	

Policies and Procedures

One month after the conclusion of data collection (termination of study), the principal investigator submits one copy of IRB FORM 8, unless otherwise requested. This allows the IRB to monitor the status of all human subject research. Failure to submit an IRB report of project termination may jeopardize future projects. The IRB reserves the right to request the investigator to provide additional information concerning the report of project termination. After review, the IRB will send the applicant formal notification of IRB actions.

Respond to the Following

(1)	Date of Project Termination:
(2)	Number of Research Subjects Enrolled:
(3)	Status of Enrolled Subjects:
	Number Completing Study:
	Number Discontinued Due to Noncompliance:
	Number Discontinued Due to Adverse Events:
	Number Lost To Follow-up:
	Number Deceased:
(4)	Did any subjects experience any reportable unexpected adverse events? Yes ____ No ____ If yes, was IRB FORM 6 submitted? Yes ____ No ____* (*if this blank has been checked, attach explanation of same.)
(5)	Submit a brief narrative of overall results with respect to efficacy and safety with specific attention to the original purpose of the project as stated on IRB FORM 1.

SIGNATURES

Signature of Sponsor (required for students) Date

Name Position Academic Unit/Department

Signature of Sponsor (for non-doctoral employees) Date

Name Position Academic Unit/Department

Signature of Vice President (for staff employee) Date

Name Position Academic Unit/Department

Signature of College Dean (for faculty) Date

Name Position Academic Unit/Department

NOTE: Reports without all requested information will be returned without IRB review.

Principal Investigator:
Project Title:

DO NOT WRITE BELOW THIS LINE: FOR IRB USE ONLY

IRB REPORT OF TERMINATION OF PROJECT	
IRB Project Number: _____	
Initial Review: Full ___ Expedited ___ Exempt ___ Date of most recent continuation approval: _____	
IRB ACTION BY IRB CHAIR OR ANOTHER MEMBER OR MEMBERS DESIGNATED BY THE CHAIR	
Report of Project Termination:	Accepted/Approved _____ Accepted/Approved w/provision(s) _____ Referred For Convened Full-Board Review _____
Comments:	
Consent Required: No ___ Yes ___ Not Applicable ___ Written ___ Signed ___	
Other Comments:	
IRB Reviewer: _____	Title _____ Date _____
IRB Reviewer: _____	Title _____ Date _____
IRB Reviewer: _____	Title _____ Date _____

Name of IRB Chair (Print) _____

Signature of IRB Chair _____ Date: _____

IRB ACTION by the CONVENED FULL BOARD <i>If Applicable</i>	
Date of IRB Review of Report of Project Termination _____	
IRB ACTION: Accepted/Approved _____ Accepted/Approved w/provision(s) _____	
Comments:	
Consent Required: No ___ Yes ___ Not Applicable ___ Written ___ Signed ___	
Other Comments:	

Name of IRB Chair (Print) _____

Signature of IRB Chair _____ Date: _____