

Institutional Review Board - Study Termination Report -

Principal Investigator

Faculty and Department

E-mail

IRB Study Number

Date of last approval

Study Title

Study Completion/
termination Date

Reason for study
completion/
termination

Description of study
results, if study was
completed.

Total number of
participants accrued

Total number of
participant withdrawals

Have all study
modifications or protocol
deviations been
reported?

YES

NO

None to report

If no, please include a copy of outstanding modifications or study deviations with this report.

If applicable, have all
adverse events been
reported?

YES

NO

N/A

If no, outstanding adverse events must be included with this report.

Have the study results
been published or
presented at a meeting?

YES

NO

If yes, please include a copy of the study
abstract/s with this report.

Signature

*I certify that no study participants have been recruited, tested or followed since the date of study completion/
termination indicated above.*

Principal Investigator

Date

Thank you for notifying the Institutional Review Board that the above-referenced study is completed/
terminated.

IRB Chair/Co-Chair

Date