RESEARCH PROJECT TERMINATION FORM
Migrant Clinicians Network

This form is submitted for a concluded or cancelled research project which was previously approved by the Migrant Clinicians Network. The form should be completed and returned to MCN, PO Box 164285, Austin, TX 78716, when the project is either concluded or cancelled.

Date: ____________________________  Project Number: ______________________________

Principal Investigator(s): ____________________________  Address ______________________________

Project Title: ______________________________________________________________________________________

Human subjects involved in the activity:

☐ Abortuses  ☐ Adults (18 and over)  ☐ Mentally Retarded
☐ Fetuses  ☐ Minors (age(s) ___ )  ☐ Mentally Disabled
☐ Prisoners  ☐ Pregnant Women  ☐ MFW or their dependencies

This project was last reviewed and approved by MCN’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 never funded. No subjects were recruited.

☐ Other (please list): __________________________________________________________________

The total number of subjects studied from ____________________________ To ____________________________ was _________

(Original Approval Date)  (Termination Date)

Signature of Principal Investigator ____________________________  Date ____________________________

IRB USE ONLY
Approved _____________  Not Approved ___________  Comments: ____________________________

Signature of Reviewer, IRB: ____________________________  Date: ____________________________
DATE: ______________________________

PRINCIPAL INVESTIGATOR: _____________________________________________________

ADDRESS: ______________________________________________________________________________________

PHONE: ________________________________________   EMAIL ADDRESS: _______________________________

PROJECT TITLE: _________________________________________________________________________________

IRB USE ONLY

☐ FULL BOARD ANNUAL REVIEW REQUIRED, EVEN THOUGH ORIGINAL APPROVAL WAS ON EXPEDITED PROCESSING

☐ CONTINUED APPROVAL, “EXPEDITED” OR “EXEMPT” PROCESSING

☐ CONTINUED APPROVAL, BASED ON FULL BOARD ANNUAL REVIEW

☐ APPROVAL DISCONTINUED; PROJECT COMPLETED

☐ SUSPEND APPROVAL, PENDING INVESTIGATION

☐ TERMINATE APPROVAL

☐ ANNUAL REVIEW SUSPENDED UNTIL PRINCIPAL INVESTIGATOR NOTIFIES THE IRB OF ACTIVATION OF RESEARCH PROJECT

COMMENTS OF REVIEWER: ___________________________________________________________________________

Signature of Chair/Vice Chair/Member, IRB: ____________________________________________________________

Date: _______________________________________________________________
1. Is project complete?  □ Yes  □ No
   If Yes, go to questions 3-9. If No, go to question 2.

2. Is project ongoing?  □ Yes  □ No
   If Yes, complete questions 3-10.
   If No, explain below and indicate if continued approval and annual review is

3. Any protocol changes since the most recent approval?  □ Yes  □ No
   If Yes, elaborate below.
   a. Have any of these changes been implemented already?  □ Yes  □ No
      If Yes, please describe fully.
   b. Are any protocol changes being planned for later implementation?  □ Yes  □ No
      If Yes, please describe fully.

4. How many subjects have been accrued to the study?
5. Describe any adverse events involving risks to subjects or

6. Describe any unanticipated problems involving risks to subjects or

7. Have any subjects withdrawn from the research? □ Yes □ No
   If Yes, please describe the circumstances.

8. Have there been any complaints about the research? □ Yes □ No
   If Yes, please report the complaints and your

9. Summarize any recent literature, findings, or other information relevant to your research, especially information about risks associated with the research.

10. Please attach a copy of the current informed consent document to this report.

Signature of Principal Investigator ___________________________________________ Date ________________