

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:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Abortuses | <input type="checkbox"/> Adults (18 and over) | <input type="checkbox"/> Mentally Retarded |
| <input type="checkbox"/> Fetuses | <input type="checkbox"/> Minors (age(s) ____) | <input type="checkbox"/> Mentally Disabled |
| <input type="checkbox"/> Prisoners | <input type="checkbox"/> Pregnant Women | <input type="checkbox"/> 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 _____ (Original Approval Date) To _____ (Termination Date) was _____

Signature of Principal Investigator

Date

IRB USE ONLY

Approved _____ Not Approved _____

Comments:

Signature of Reviewer, IRB: _____ Date: _____

RESEARCH PROJECT REVIEW AND PROGRESS REPORT
Migrant Clinicians Network

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?
If Yes, please describe the circumstances.

Yes

No

8. Have there been any complaints about the research?
If Yes, please report the complaints and your

Yes

No

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 _____