NEW YORK INSTITUTE OF TECHNOLOGY
Institutional Review Board for the Protection of Human Participants
Northern Blvd, Old Westbury, NY 11568
516-686-7737♦ http://www.nyit.edu/ospar/irb/

RESEARCH PROJECT TERMINATION FORM

When approved human subjects research has concluded, the IRB protocol should be closed. Closure of a protocol means that there will be no further interaction with human subjects, no long-term follow up will be conducted, and no access to personally identifying information will be needed. This is separate from the project summary which is due from the investigator upon expiration or completion of a protocol.

IRB Protocol Number: _____

IRB Title of Research: _____

Principal Investigator:

_____

Department/Campus:

_____

Telephone/Email: _____

Sponsor/Award Number (if applicable):_____

The project was last reviewed and approved by NYIT's IRB on: _____

The total number of subjects studied from approval date to termination date: _____

Section I: The following three criteria must be met in order to close a protocol. By checking the boxes below, you agree to the following statements:

- ☐ No further interaction with human participants will occur.
- ☐ No long term follow-up will be needed.
- ☐ No access to personally identifying information will be needed.

Section II: Reason for study closure:

- ☐ Data analysis is complete.
- ☐ Lack of enrollment.
- ☐ There is no more funding, time or personnel to conduct the study.
- ☐ PI has left NYIT. Any existing subject consent materials are filed at:

_____

- ☐ Other:

Section III: Maintenance of Informed Consent:

- ☐ I certify that signed informed consent documents (if applicable) will be kept for three years beyond the conclusion of the research.

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Section IV: Data Storage:

Data set is:

- ☐ Anonymous
- ☐ De-Identified
- ☐ Identifiable

Will the data be stored in a secure location?

- ☐ If yes, where? _____
- ☐ If not, please explain._____
  _____

Section V: What will be done with the data?

Data will be shared:

- ☐ Only with the Co-Investigator(s) listed on the IRB approved research protocol
- ☐ At NYIT, per NYIT and sponsor requirements.
- ☐ Copies of data will be taken with PI to new institution (Please contact NYIT's IRB office for further instructions).
- ☐ Data will be destroyed
- ☐ Other: (Please specify)_____

Section VI: Unanticipated Problems or Serious Adverse Events:

- ☐ I certify that no unanticipated problems or serious adverse events occurred as result of this study. *If any unanticipated problems or serious adverse events have occurred, please contact the IRB office.*

Section VII: Attach a Final Report summarizing your progress, results, publications, etc.

Signature of Principal Investigator: By signing this form, the undersigned acknowledges that any further interaction with the participants in this study or personally identifying information has not been approved by the New York Institute of Technology IRB.

PI Signature: _____Date:_____

IRB USE ONLY	Approved:_____	Not Approved:_____
Comments:		
Signature of IRB reviewer:	Date: / /	