

**Villanova University**  
**Institutional Review Board**  
Continuing Review / Termination Form

Project No. \_\_\_\_\_  
(assigned by ORSP)

**PROJECT TITLE:** \_\_\_\_\_

**SPONSOR:** \_\_\_\_\_

**PRINCIPAL INVESTIGATOR:** \_\_\_\_\_

**DATE OF PREVIOUS IRB:** \_\_\_\_\_

**APPROVAL:** \_\_\_\_\_

1. Is this project still active?      YES \_\_\_\_\_      NO \_\_\_\_\_

    If no, provide a termination date \_\_\_\_\_, sign and return to ORSP.

2. Have any of the data collection procedures changed?      YES \_\_\_\_\_      NO \_\_\_\_\_

    If yes, please attach a complete description of the changes.

3. Have any participants experienced any adverse reactions from any of the research procedures?

    YES \_\_\_\_\_      NO \_\_\_\_\_

    If yes, please attach a complete description of the changes.

4. Have there been any protocol changes?      YES \_\_\_\_\_      NO \_\_\_\_\_

    If yes, please attach a complete description of complete protocol changes.

5. Is approval for another year requested?      YES \_\_\_\_\_      NO \_\_\_\_\_

If you answered yes to question 5, submit only this form and revised materials to the ORSP.

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_