

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: _____