

**INSTITUTIONAL REVIEW BOARD (IRB)  
REQUEST FOR TERMINATION OF PROTOCOL**

Instructions: Use this form when terminating (completed/withdrawn/canceled) a protocol. Please submit this form to the IRB Chairperson. Complete all applicable items or the form will be returned.

**Date Submitted by Investigator:**

**PROTOCOL NO.  
Date Rec'd**

(For IRBs Office Use)

**Title of Protocol:**

**Name of MBOH Employee Serving as Principal Investigator (PI) and Degrees:**

Telephone.:  
Email Address:

**1. Current status:**

- CANCELED (Never started) (Attach explanation)
- COMPLETED (Complete items 2,3,4)

**2. Disposition of Data:**

- Original data and/or research materials have been destroyed
- Linkage between existing data and original source of information has been destroyed.  
No individuals can be identified from existing data.
- Data with identifiers or linkage will be retained. Indicate:  
*Why:*

*Where:*

*How long:*

### 3. Study Population

- \_\_\_\_\_ Enrolled this past year
- \_\_\_\_\_ Declined enrollment this past year
- \_\_\_\_\_ Total number of subjects to date
- \_\_\_\_\_ Withdrawn from project this past year

#### For individuals who were enrolled this year:

Gender distribution:

- \_\_\_\_\_ % Female
- \_\_\_\_\_ % Male

#### Race/ethnicity distribution of enrolled subjects for domestic studies:

- \_\_\_\_\_ % American Indian or Alaskan Native
- \_\_\_\_\_ % Asian or Pacific Islander
- \_\_\_\_\_ % Black or African American, not of Hispanic origin
- \_\_\_\_\_ % Hispanic
- \_\_\_\_\_ % White, not of Hispanic Origin

If an international study, provide race/ethnicity of subjects by percentages:

### 4. Final Report (Attach a copy of the final report for a completed study)

<b>Approvals</b> (Signature and Position Title):	<b>Date:</b>	<b>Remarks:</b>
Program Manager:		
Division Director:		
IRB Chairperson:		