WEST VIRGINIA DEPARTMENT OF EDUCATION INTERNAL REVIEW BOARD

Project Continuation/Closure Form

|  |  |  |  |
| --- | --- | --- | --- |
| Title of research project | | | IRB No. |
| Enter text. | | | Enter text. |
| Principal investigator | | Current approval period expires | |
| Enter text. | | Enter date. | |
| Please indicate if you are applying for continuing review or project closure. | Continuing review (fill out Section A)  Project closure (fill out Section B) | | |

|  |  |
| --- | --- |
| **SECTION A. CONTINUING REVIEW**  Continuing review is required only for projects approved through expedited or full-board reviews. | |
| 1. I am requesting a continuance for the following time period: | 12 months  6 months |
| 2. The following activities will take place during the continuation period: | |
| Additional subjects will be enrolled/sampled. If selected, indicate how many: Enter number.  Data collection will continue.  Analysis will continue involving data that includes personally identifiable information. | |
| 3. The following co-investigator(s)/researchers are still active on the study (please list): | |
| Enter text. | |
| 4. I would like to add the following co-investigator(s)/researchers to the study (please list): | |
| Enter text. | |
| **NOTE:** Attach a certificate for the principal investigator and each co-investigator/researcher listed in Items 3 and 4 above, verifying current status regarding the completion of the seven module course, “Protecting Human Research Participants” available from the National Institutes of Health Office of Extramural Research. *This training must be completed every two years.* | |
| 5. The following co-investigator(s)/researchers are no longer active on the study and I request that they be removed (please list): | |
| Enter text. | |
| 6. Please select one of the below categories regarding changes to the study: | |
| There have been *no* changes to the study since the last review.  There have been *minor* changes to the study since the last review, which have been approved by the IRB.  There will be *minor* changes to the study during the upcoming continuance period; an IRB Modification Request form is attached. | |

|  |  |
| --- | --- |
| **SECTION B. PROJECT CLOSURE**  Project closure is required for all research projects. | |
| 7. Please select one of the below categories: | |
| This project has reached completion—*that is, all data collection is complete and no follow-up data collection is planned with the existing subjects or new subjects. All data have been stored in a secure location, where they will be maintained for a period of 3 years.* | Date completed |
| Enter date. |
| This project has been abandoned—*that is, all data collection has ceased and no follow-up data collection is planned. All data that were collected have been stored in a secure location, where they will be maintained for a period of 3 years.* | Date abandoned |
| Enter date. |
| a. If the project was abandoned due to an adverse event, indicate the date the event was reported to the WVDE IRB.  *NOTE: All adverse events must be reported within 24 hours of their occurrence. If you have not yet reported the adverse event, you must immediately notify the IRB chair and attach an Adverse Event form to this closure request.* | Date reported |
| Enter date. |
| b. If the project was abandoned for a reason other than an adverse event, provide a brief description of the reason. | |
| Enter text. | |

|  |  |  |
| --- | --- | --- |
| **Submitted by** | | |
|  |  | Enter date. |
| Principal Investigator Signature |  | Date |
| Print, sign, and submit this form and attachments to  IRB Secretary  West Virginia Department of Education  Building 6, Room 750  1900 Kanawha Boulevard, East  Charleston, WV 25305 | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THIS SECTION FOR IRB USE ONLY** | | | | |
| **Project Continuation**  Check which condition applies: | | | | |
| Have there been no changes to the study since the last review.  There have been minor changes to the study since the last review, which have been approved by the IRB.  Minor changes to the study are anticipated for the upcoming continuance period, and an accompanying IRB Modification Request form has been reviewed and approved. | | | | |
| If *any one* of the above conditions applies, indicate approval status and sign below. | Approved for continuation | | | New expiration date |
|  |
|  | | | | |
| IRB reviewer’s signature | |  | Date | |
| **Project Closure**  Check which conditions apply: | | | | |
| All data collection has ceased or been completed.  All data analysis involving personally identifiable information has ceased or been completed.  No follow-up data collection is planned with the existing subjects or new subjects. | | | | |
| If *all* of the above conditions apply, indicate approval status and sign below. | Approved for closure | | | |
|  | | | | |
| IRB reviewer’s signature | |  | Date | |