**State of Connecticut Office of Early Childhood**

**Institutional Review Board (IRB)**

**Instructions: Notice of Termination or Completion of Approved Project**

The Office of Early Childhood (OEC) values research that contributes to the field of services and supports, and is committed to protecting the rights of human subjects involved in research. When an approved study is Terminated or Completed, notice must be provided on this form and submitted to the IRB. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scan completed document and submit electronically to [**oec.irb@ct.gov**](mailto:oec.irb@ct.gov)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon receipt, the IRB Chair will complete a preliminary review and may contact the researcher for more information. Incomplete notices will be returned.

Acceptance of the Notice will be provided in writing to the Principal Investigator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please be sure that the following are complete and included in your application, as needed:

\_\_\_\_\_ Notice of Termination or Completion *(required)*

\_\_\_\_\_ Adverse Event Report form *(required, if applicable)*

Required forms may be found at: <http://www.ct.gov/oec/cwp/view.asp?a=4546&q=569276>

Please detach these instructions before submission.

****P.I. Name: page \_\_\_ of \_\_\_ total pages

**State of Connecticut Office of Early Childhood**

**Institutional Review Board (IRB)**

**Notice of Termination or Completion of Approved Project**

*For IRB Use only*

*Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Original Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*IRB Authorized Signature*

Date of This Notice:

Project Start Date:       Project End date:

Project Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator (P.I.) or major advisor, if student project:

Department, university, hospital, or agency affiliation:

Mailing Address:

E-mail:       phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Investigator(s) or student advisee:

Department, university, hospital, or agency affiliation:

Mailing Address:

E-mail:       phone:

P.I. Name: page \_\_\_ of \_\_\_ total pages

**TERMINATION** (conclusion prior to approval end date)       **or COMPLETION**      *(please check one)*

Reason:

**Project Activities**

Research Participants:

      # successfully completed their participation

      # lost to follow up

      # withdrawn

Reasons:       # without any adverse event noted

      # who experienced adverse events

      # other:

      total # of participants

Successes:

1.

2.

3.

Challenges:

1.

2.

**RESULTS**

Presented at :      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Published in:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description/Findings:

P.I. Name: page \_\_\_ of \_\_\_ total pages

**Signatures and Assurance of Compliance with Regulations Regarding the**

**Use of Human Subjects**

*(initial)* I certify that the approved protocol was rigorously followed during the entire study period.

*(initial)* I certify that the approved method for obtaining informed consent was rigorously followed during the entire study period.

*(initial)* I certify that there were no adverse events, **OR**

*(initial)* I certify that I have reported all adverse events on

      date

      date

      date

*(initial)* I certify that my research results reported herein are true and accurate to the best of my ability.

Signature:       date:

Principal Investigator (or Major Advisor, if student)

Signature:       date:

Co-Investigator(s) or student