**UNIVERSITY OF HARTFORD**

**INSTITUTIONAL REVIEW BOARD**

**RESEARCH PROJECT EXTENSION/CLOSURE REQUEST**

*Please complete the study information below, answer the questions if you are requesting an extension, and make the appropriate selections on page 2 of this form. Please sign page 2 of the form and return to* *irb@hartford.edu* *.*

IRB Proposal Number: Click here to enter text.

Project Title: Click here to enter text.

Approval Date: Click here to enter text.

PI Name: Click here to enter text.

Action Requested:

 Study Extension: [ ]  Study Closure: [ ]

*Note: Studies must remain open for the duration of data collection and analysis of identifiable.*

**If you are requesting an extension of your study, please answer the following questions:**

1. When do you anticipate completing this research? Click here to enter text.
2. Now that you have been conducting this research for a year, please reassess the risks (physical, psychological, financial, social, etc.) posed to participants. Are the actual risks and benefits to your participants as anticipated? Click here to enter text.
3. Have there been any adverse events? Yes [ ]  No [ ]
	1. If yes, please describe the event: Click here to enter text.

(Please remember that all adverse events must be reported to the IRB using the “Adverse Event Reporting Form” available on the IRB website.)

1. How many participants have withdrawn from your study? Click here to enter text. Why did they withdraw? Click here to enter text.
2. If you are still enrolling subjects in your study, attach a copy of your current consent form with this request.

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**Based on the current status of your research activities, please select one of the three items below:**

|  |
| --- |
|[ ]  1. I have officially concluded collecting and analyzing all human subject data for this research project and declare it complete.
 |
|[ ]  1. Data collection for this study is complete, however I am still analyzing data collected for this study.
 |
|[ ]  1. I am still collecting data for this study. I am requesting continuation of research on this project. \*\*There are no changes of any kind to the study procedures. I have answered the research questions on the previous page.
 |

**Please indicate which of the following best represents the status of your data:**

|  |
| --- |
|[ ]  1. All documents linking personal identifiers of participants to their data have been destroyed and the data are therefore “de-identified”.
 |
|[ ]  1. All data containing personal identifiers of participants is being securely stored and protected in the manner described in the original protocol for this research project.
 |

\*\*If you wish to make any modifications to your current proposal, please be sure to submit the appropriate modification request form, available on the IRB web site.

Your signature below indicates that you have read and understood the information provided above and if you are continuing your research, there are no changes to your approved research procedures.

**Signature of PI:** Click here to enter text. **Date:** Click here to enter text.