**Misericordia University**

**Institutional Review Board**

**Type 1 Continuation AND/OR End-of-Project Form**

Please check the appropriate box above

Continuation Completed Project

Date:

Researcher Name(s):

Department/Program:

Address:

Phone:

Email Address:

Faculty Research Adviser Name (for student research):

Advisor’s Phone Number

Advisor’s Email Address:

Project Title:

Number of Subjects Recruited:

Have there been any changes to this protocol: YES NO

If yes, please complete the Change in Protocol Form.

Anticipated Data Collection Completion Date:

Researcher signature(s): Date:

For student research:

Faculty Research Advisor Signature:

Date:

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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