

Catawba Valley Med Cnt Institutional Review Board  
IRB-Approved Research Study Withdrawal Form

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The Institutional Review Board must be informed in the event a study that has been approved is not conducted. It is the Primary Investigators (PI's) responsibility to inform the IRB so that the study can be withdrawn from IRB monitoring. After receipt and review of a Study Withdrawal form, the IRB will notify the PI that the Board has withdrawn the study from IRB monitoring.

**Instructions:** Complete and submit this form upon deciding not to conduct the approved study. The Study IRB Number, Approval Expiration Date and Approval Type are contained in the original IRB approval letter received. Submit this form to [irb@cvmc.us](mailto:irb@cvmc.us).

	Date:	
Study Title:		
Primary Investigator (PI) Name:		
PI Email:	PI Phone:	
IRB Approval Expiration Date:		
Original Approval:	<input type="checkbox"/> Full Board Review	<input type="checkbox"/> Expedited Review

**Withdrawal Request Rational** (choose one of the following)

- 1. Research determined not to be feasible at this time
  - No research activities were initiated
  
- 2. Primary investigator unable to conduct the study
  - No research activities were initiated

**NOTE:** If ANY research activity was begun, submit a study closure form not this study withdrawal form.

Electronic Signature: Disclaimer

By signing your name electronically below, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Study Withdrawal Form.

Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IRB Use Only**

CATAWBA VALLEY MED CNT INSTITUTIONAL REVIEW BOARD SIGNATURE:

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Date of Study Withdrawn from Monitoring: \_\_\_\_\_