



**Institutional Review Board (IRB)**  
 Arizona College of Nursing  
 2510 W Dunlap Ave, Suite 290  
 Phoenix, AZ 85021

**Research Protocol Appeal of Determination Form**

PI Name:

Date:

Protocol Number:

Project Title:

**Form Submission**

The Principal Investigator should complete sections A through G of this form and submit with supporting documentation to [irb@arizonacollege.edu](mailto:irb@arizonacollege.edu) with the email subject heading: *Appeal of IRB Determination* for the following:

1. To appeal a suspension of research determination from the IRB
2. To appeal a termination of research determination from the IRB

**Note: The determination made by the provost upon review of this appeal is FINAL**

**A. Contact Information**

Name:

Phone:

Email:

**B. Reason for Appeal**

- IRB suspension of an approved research protocol
- IRB termination of an approved research protocol

**C. Former IRB Determinations**

Research activities of the protocol have been suspended by the IRB prior to this occurrence

Research activities of the protocol have been terminated by the IRB prior to this occurrence

- Yes  No
- Yes  No

**D. Provide the rationale listed in IRB correspondence for any prior occurrence(s) of suspension or termination of research activities related to this protocol**

**E. Participant enrollment prior to current suspension or termination of research activities**

Total number of participants consented	_____ participants
Number of active participants	_____ participants
Number of completed participants	_____ participants

**F. Provide the rationale listed in IRB correspondence for current suspension or termination of research activities**

**G. Provide a statement addressing the concerns presented by the IRB regarding the current suspension or termination of research activities**

<b>H. Final Determination of Appeal</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Provide rationale for final determination</b>	
<b>List any additional actions that must be taken by the Principal Investigator to resume or close research activities related to the protocol</b>	

Provost Signature: \_\_\_\_\_ Date \_\_\_\_\_