**EARLY STUDY TERMINATION REPORT FORM**

INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR: *This form is required to apply for premature termination or suspension of a study. Obtain an electronic copy of this form and encode all information required in the space provided. Print the application in A4 size paper; then date and sign this form before submission.*

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| CLHRDC-ERC Code: |
| Study Protocol Title: |
| Principal Investigator: |
| Study Protocol Approval Date: <mm/dd/yyyy> |
| E-mail: | Telephone: | Mobile: |
| Study Site: <Name and Address> |
| Study Site Address: |
| Report Submission Date: (to be filled out by CLHRDC-ERC) <mm/dd/yyyy> |
| 1. Start date: <mm/dd/yyyy>
 |
| 1. Proposed termination date: <mm/dd/yyyy>
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| 1. Participants enrolled to date:
 |
| 1. Summary of results to date:
 |
| 1. Reason for termination with justification:
 |
| Signature of PI: |
| Date of report: <mm/dd/yyyy> |

RECOMMENDATIONS (for CLHRDC-ERC use only)

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| Comments of Primary Reviewer (i.e. implication on the rights, safety, and welfare of the study participants, including adapting specific provisions for continued protection and dissemination of specific information to the study participants) |
| RECOMMENDED ACTION: (for CLHRDC-ERC use only* NO FURTHER ACTION
* REQUEST INFORMATION: (specify)
* RECOMMEND FURTHER ACTION: (specify)
* PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE
 |
| PRIMARY REVIEWER Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: <mm/dd/yyyy> Name <Title, Name, Surname> |