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| **EARLY STUDY TERMINATION FORM** |
| **Protocol Code\*:** | **Date of Approval: <mm/dd/yyyy>** |
| **Study Protocol Title:** |
| **Researcher/Principal Investigator:** |
| **Contact Number:** | **Email Address:** |
| **Starting Date:**  | **Termination Date:** |
| **No. of Participants:**  |
|  |
| **Findings/Reason for Early Termination:** |
| **Principal Investigator Signature** | **Date:** |
| **Recommendation of Reviewers:** |

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| **REVIEWER** |  | **Signature:** |  |
| Date: <dd/mm/yyyy> |  |  **Name:** | <Title, Name, Surname>  |