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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> |