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| REC Protocol No: |  | Sponsor Protocol No. |  |

|  |  |
| --- | --- |
| Protocol Title: |  |

|  |  |
| --- | --- |
| Principal Investigator: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone : |  | E-Mail: |  |

|  |  |
| --- | --- |
| Department: |  |

|  |  |
| --- | --- |
| Sponsor: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| REC Approval Date: |  | Date of Last Report: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Starting Date: |  | Termination Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. of Participants: |  | No. Enrolled: |  |

|  |  |
| --- | --- |
| Summary of Results: |  |
| Accrual Data: |  |
| Reason for early termination |  |
| Is this a temporaryHalt to the study?What is thejustification fortemporarily haltingThe study?When do you expectThe study to re-start? |  |
| Are there anypotential implicationsfor researchparticipants as aresult ofterminating/haltingthe studyPrematurely?Please describe thesteps taken toAddress them. |  |

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| P.I. Signature: |  | Date: |  |

*To be filled up by NCMH-REC*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date Received: | <mm/dd/yyyy> |
| Received by: | <Printed Name> |

RECOMMENDATIONS (for NCMH-REC use only)

|  |  |  |
| --- | --- | --- |
| PRIMARY REVIEWER1.2.3. | Signature | DATE |
| RECOMMENDED ACTION:◻Accept decision for termination◻Request for additional information◻Require further action in termination plan | Type of review:◻Expedited review◻Full Board reviewDate of meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NCMH-REC FINAL DECISION:** |
| Certified by:NCMH-REC CHAIR | Signature: | Date: |