Form 17.1 Early Study Termination Report

**Eastern Visayas Health Research and Development Consortium - Ethics Review Committee**

***EARLY STUDY TERMINATION REPORT***

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. Approval of this application would require further completion of Form 21.1 Final Report.*

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| **EVHRDC-ERC CODE:**  |
| **STUDY PROTOCOL TITLE:**  |
| **APPROVAL DATE:**  |
| **PRINCIPAL INVESTIGATOR:**  |
| **STUDY PROTOCOL APPROVAL DATE:** <dd/mm/yyyy> |
| **Email:**  | **Telephone:**  | **Mobile:**  |
| **STUDY SITE:**  |
| **STUDY SITE ADDRESS**  |
| **SPONSOR:**  |
| **SPONSOR CONTACT PERSON:**  |
| **Email:**  | **Telephone:**  | **Mobile:**  |
| **APPLICATION SUBMISSION DATE:** (to be filled out by ERC) <dd/mm/yyyy> |
| **1. START DATE:**  |
| **2. PROPOSED TERMINATION DATE:** <dd/mm/yyyy> |
| **3. PARTICIPANTS ENROLLED TO DATE:**  |
| **4. SUMMARY OF RESULTS TO DATE:**  |
| **5. REASON FOR TERMINATION with JUSTIFICATION:**  |
| **SIGNATURE OF PI:**  |
| **DATE OF APPLICATION:** <dd/mm/yyyy> |

**RECOMMENDATIONS (for EVHRDC-ERC use only)**

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| **Comments of EVHRDC-ERC Chair**    |
| **RECOMMENDED ACTION:** * APPROVE
* REQUEST INFORMATION: (specify)
* RECOMMEND FURTHER ACTION: (specify)
* PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE
 |
|  **EVHRDC-ERC Chair** Signature   |
| Date: <dd/mm/yyyy> Name <Title, Name, Surname>  |