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> |