



## *EARLY STUDY TERMINATION APPLICATION*

*To the Principal Investigator:*

*Where the study is terminated/suspended before the expected end date, this Form must be submitted together with other relevant documents for consideration of the IEC.*

*Please obtain an electronic copy of this Form, fill-out the requested information, and make your submission both in electronic version and hard copy. Print in letter-sized paper with printer default set at A4.*

<b>I. PROTOCOL INFORMATION</b>	<b>IEC Protocol Tracking No.</b>
Study Protocol No.	Protocol Approval Date:
Study Initiation Date:	Expected End Date:
Title:	Version Number, Date
Name of Principal Investigator	Contact Nos.:
Sponsor/CRO	
Study Site	
Type of Review ( <i>To be determined by IEC</i> ) <input type="checkbox"/> Full Board <input type="checkbox"/> Expedited	

<b>II. INFORMATION REQUIRED</b>	<b>EARLY STUDY TERMINATION APPLICATION SUBMISSION DATE &lt;dd/mm/yy&gt;</b>
<b>INFORMATION REQUIRED</b>	<b>RESPONSE/ COMMENTS</b>
1. Date of Last Continuing Review /Progress Report submitted to IEC	
2. Summary of Protocol Participants	
2.1. Accrual ceiling set by IEC	
2.2. Total participants since the study begun	
2.2.1. Active patients	
2.2.2. Patients who have completed the study	
2.3. Number of drop-outs	
3. Summary of Results To Date	



4. Reason for Termination/Suspension with Justification
<i>I declare that the above information/statements are true and correct to the best of my knowledge.</i>
_____
<i>Signature Over Printed Name of Principal Investigator</i> <span style="float: right;">_____</span> <i>Date</i>

III. IEC RECOMMENDATION	Specifics
<input type="checkbox"/> APPROVAL WITH NO FURTHER ACTION <input type="checkbox"/> REQUEST INFORMATION <input type="checkbox"/> RECOMMENDED FURTHER ACTION	
Reviewer <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	_____
	<i>Reviewer's Signature Over Printed Name</i> <span style="float: right;">_____</span> <i>Date</i>