

**EARLY TERMINATION REPORT FORM (FORM 4.5)**

IRB Protocol Code: Date Received (D/M/Y):

Protocol Title: Sponsor:

Principal & Sub Primary Reviewers:

Investigators:

**SECTION 1: TO BE FILLED UP BY PRINCIPAL INVESTIGATOR**

IRB Approved Date: Date of Last Report

Starting Date of Research: Termination Date

No. of Participants

Enrolled

Reason/s for Early Termination (Pls. use separate sheet to explain the reason/s for early termination.)

1. Justification

\_\_\_ poor recruitment

\_\_\_ high number of SUSARs

\_\_\_ safety or benefit is doubtful or at risk

\_\_\_ undue or significant SAEs

\_\_\_ Conduct Breaches

\_\_\_Others

1. Mechanism on care for and follow up of participants

**INVESTIGATOR’S ATTESTATION**

I certify that the information provided in this report is complete and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name of Principal Investigator Date

*(IRB Use only)* Received by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name Date

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**SECTION 2: TO BE FILLED UP BY RESPECTIVE IRB MEMBER**

**Type of Review**

**Expedited Full Board**

**Reviewer’s Recommendations:**

**Decision:**

**( ) Accept**

**( ) Request further additional information**

**( ) Request further additional action**

**( ) Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledged by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name and Signature of IRB MEMBER**