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| |  | | --- | | logo copy*p* **UNIVERSITY OF SANTO TOMAS HOSPITAL** RESEARCH ETHICS COMMITTEE 6th Floor St. John Macias O.P. Building  A.H. Lacson St., Sampaloc, Manila 1015 Philippines  Telephone: +63 2 8731-3001 local 2610  Email: [*usth\_irb@yahoo.com.ph*](mailto:usth_irb@yahoo.com.ph) *Website: usthrec.online*  **UNIVERSITY OF SANTO TOMAS HOSPITAL** España Blvd., Manila |   **EARLY TERMINATION / CANCELLED PROTOCOL FORM** | |
|  | |
| **Instructions to the Researcher:**  Please complete this form accurately and add additional rows if necessary. Submit it along with a cover letter addressed to the REC Head. Attach the amended Protocol, ICFs, and any other relevant documents requiring amendment. Submit this F17 form as a Word document and other documents as PDF files via **usthrec.online** | **Receiving Stamp/**  **Date of Submission:**  **CLICK TO ENTER TEXT.** |
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| **REC Protocol Reference No.:** | | | | | **CLICK TO ENTER TEXT.** | | | | | | | | | | |
| **Protocol No./Title:** | | | | Click to enter text. | | | | | | | | | | | |
| **Name of Investigator:** | | | | Click to enter text. | | | | | | | | | | | |
| **Contact No.:** | Click to enter text. | | | | | | | | **Email**  **address:** | | | | Click to enter text. | | |
| **Department:** | Click to enter text. | | | | | | | | **Institution:** | | | | Click to enter text. | | |
| **Sponsor/CRO:** | | | | Click to enter text. | | | | | | | | | | | |
| **Ethical clearance effectivity period:**  Click to enter text. | | | | | | | | | | **Study Site:**  Click to enter text. | | | | | |
| **Recommended by:**  *(e.g. Sponsor, Funding Agency, Data Safety Monitoring Board, Researcher/Proponent)* | | | | | | | | | | Click to enter text. | | | | | |
| Tick the appropriate box: | | **For cancellation of study** | | | | | | | | |  | **For early termination** | | |  |
| 1. Start of study: | | | **Click to enter text.** | | | | | | | | | | | | |
| 1. Expected end of study: | | | | | | **Click to enter text.** | | | | | | | | | |
| 1. Number of required participants: | | | | | | | **Click to enter text.** | | | | | | | | |
| 1. Number of enrolled participants: | | | | | | | **Click to enter text.** | | | | | | | | |
| 1. Number of participants who withdrew: | | | | | | | | **Click to enter text.** | | | | | | | |
| 1. How many have completed the study? | | | | | | | | **Click to enter text.** | | | | | | | |
| 1. How many are still active? | | | | | | **Click to enter text.** | | | | | | | | | |
| 1. Reason/s for cancellation/termination: | | | | | | | | | | | | | | | |
| **Click to enter text.** | | | | | | | | | | | | | | | |
| 1. What are the plans for those who are still active in the study? Include support mechanisms/ interventions for enrolled participants   **Click to enter text.** | | | | | | | | | | | | | | | |
| 1. Post-termination actions: | | | | | | | | | | | | | | | |
| **Click to enter text.** | | | | | | | | | | | | | | | |
| **PRINCIPAL INVESTIGATOR:** | | | | Name & Signature:  **CLICK TO ENTER TEXT.** | | | | | | | | | | Date: | |
| **To be filled-out by the REC Primary Reviewer** | | | | | | | | | | | | | | | |
| **Additional comments:** | | | | | | | | | | | | | | | |
| **RECOMMENDATION:** | | | |  | | **APPROVAL** | | | | | | | | | |
|  | | **REQUEST FOR ADDITIONAL INFORMATION** | | | | | | | | | |
|  | | **REQUEST FOR FURTHER ACTION** | | | | | | | | | |
| **REC REVIEWER:** | | | | Name & Signature:  **CLICK TO ENTER TEXT.** | | | | | | | | | | Review Date: | |