|  |  |
| --- | --- |
|

|  |
| --- |
| logo copy*p***UNIVERSITY OF SANTO TOMAS HOSPITAL**RESEARCH ETHICS COMMITTEE6th Floor St. John Macias O.P. BuildingA.H. Lacson St., Sampaloc, Manila 1015 PhilippinesTelephone: +63 2 8731-3001 local 2610Email: *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.** |
|  |

|  |  |
| --- | --- |
| **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. | **Section:** | 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:   |