|  |
| --- |
| **FORM 3.8 STUDY TERMINATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| URERC Protocol Number |  | Sponsor Protocol Number |  |

|  |  |
| --- | --- |
| Title |  |

|  |  |
| --- | --- |
| Principal Investigator/ Researcher |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Number |  | E-Mail Address |  |

|  |  |
| --- | --- |
| Institution/Department |  |

|  |  |
| --- | --- |
| Sponsor |  |

|  |  |  |  |
| --- | --- | --- | --- |
| URERC Date of Approval |  | Date Of Last Report |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Starting Date |  | Termination Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Participants |  | Number Enrolled |  |

|  |  |
| --- | --- |
| Reasons for Termination |  |

|  |  |
| --- | --- |
| Accrual Data *(How many have completed the study? How many are still active? Plans for those who are still active in the study.)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator/Researcher Name & Signature |  | Date |  |

|  |  |  |
| --- | --- | --- |
|  | URERC Recommendation | |
|  |  | |
|  |  | Acknowledged. No further information or action required |
|  |  |  |
|  |  | Additional information required |
|  |  |  |
|  |  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Reviewer |  | Signature |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |