CRERC FORM 7.7
EARLY STUDY TERMINATION APPLICATION

CRERC Protocol No:		Sponsor Protocol No.	
Protocol Title:			
Principal Investigator:			
Phone:		E-Mail:	
Department:			
Sponsor:			
CRERC Approval Date:		Date of Last Report:	
Starting Date:		Termination Date:	
No. of Participants:		No. Enrolled:	
Reason for early termination Summary of Results			
Accrual Data: How many have completed the study? How many are still active? Plans for those who are still active in the study			
P.I. Signature:		Date:	

FOR CRERC USE

Assessment by the Primary Reviewer (any issue related to participant safety?):

Recommendation:

☐ Approval
☐ Request for further information, specify :
☐ Require action from the Researcher/PI, specify :

PRIMARY REVIEWER

DATE:

Signature:
Name: <Title, Name, Surname>

Received by CRERC Admin Secretary: _____

Date : _____

Date of Full Committee meeting:

Final CRERC decision:

Name of Chair:	Signature:	Date