Joint Research Ethics Committee for The University of Zimbabwe College of Health Sciences and The Parirenyatwa Group of Hospitals (JREC)

Termination Of Study Form

This form will constitute your notice of termination of all study activities.
Submit this form and a final report prior to the expiry date of the protocol.
Note: In order to terminate JREC approval, all research related to this protocol must have ceased, including participants enrollment, participants follow-up, and work with identifiable information related to the study participants, including medical or research records and data analysis utilizing identifiable data collected from study participants.
If you are still performing data analysis, you must have a valid JREC approval letter.

It is the responsibility of the Principal Investigator to notify all study personnel associated with this protocol that it has been terminated.

JREC Protocol #		Effective Date of Termination: Must be on or before expiration date	
Study Title:			
Principal Investigator or Faculty Sponsor:			
Phone:		Email:	

STUDY INFORMATION	
Total number of participants enrolled since start of the study? (May be for more than one year)	
How many participants have voluntarily withdrawn participation at their own request?	
How many participants have voluntarily withdrawn participation at the request of the PI?	
How many serious adverse events have occurred in Zimbabwe? (deaths, serious incidents, significant adverse events)	
How many serious adverse events have occurred for entire study? (If multi-site)	

Please **attach** the following documents :

a. Comprehensive study report
b. Dissemination plan or report if it has already been carried.
c. A list of publications from the study

Print Name of Principal Investigator: …….

Signature of Principal Investigator ……. Date …….