DPU DHURAKIJ PUNDIT UNIVERSITY	**Human Research Ethics Committee** **Dhurakij Pundit University**
	Report of Study Termination

Project Title	
Protocol ID DPUHREC..... **Certificate Number** COA..... Date of Approval	
Principal Investigator:	Phone Number: Email:
Institution:	Phone Number: Email:
Research Sponsor:	Phone Number: Email:
Total Number of Research Participants Approved in the Research Protocol ____ Total Number of study participants: ____	Number of Research Participant Groups _____ No. of Study Arms:
Number of Research Participants Enrolled _____ Number of participants recruited in the study:	Total participants completed _____ Total participants not completed____
Research Duration: _____ years _____ months	Research Commencement: Month _____ Year _____
Which procedures do active participants have to undertake? ☐ Questionnaire/interview ☐ Specimen/sample collection ☐ In vivo diagnostic devices ☐ Received Intervention (e.g., medication, surgical procedure, or radiation therapy)	
Have there been any unexpected adverse events previously reported to REC? ☐ Yes ☐ No	
Are there changes to the protocol or consent forms not previously reported to REC? ☐ Yes ✹ No	
Reason to terminate the study	

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Plan to manage the participants recruited
Principal Investigator's Signature ..... ( ) Date ...../...../..... ((Please retain copy of the completed form for your study record)
Approval by the Advisor / Dean / Director: .... Signature..... ( ) Date ...../...../.....

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(For Secretariat / Ethics Committee Members)

Review Decision:

- ☐ Approve
- ☐ Request information
- ☐ Recommend further action

Additional Comments

Principal Investigator's Signature.....

(.....)

Date...../...../.....

Signature.....

Chairperson of the Human Research Ethics Committee

(.....)

Date...../...../.....