Early Study Termination Application Form

INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR: *This form is required to apply for premature termination or suspension of a study and refers to ICH-GCP Section 4.12: PREMATURE TERMINATION OR SUSPENSION OF A TRIAL. Obtain an electronic copy of this form and encode all information required in the space provided. Print the application in A4 size paper; then date and sign this form before submission. Approval of this application would require further completion of UPLB REB FORM 3(C): FINAL REPORT FORM.*

| UPLB REB CODE: | | |
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| STUDY PROTOCOL TITLE: | | |
| APPROVAL DATE: | | |
| PRINCIPAL INVESTIGATOR: | | |
| STUDY PROTOCOL APPROVAL DATE: <dd/mm/yyyy> | | |
| Email: | Telephone: | Mobile: |
| STUDY SITE: | | |
| STUDY SITE ADDRESS | | |
| SPONSOR: | | |
| SPONSOR CONTACT PERSON: | | |
| Email: | Telephone: | Mobile: |
| APPLICATION SUBMISSION DATE: (to be filled out by UPLB REB) <dd/mm/yyyy> | | |
| 1. START DATE: | | |
| 1. PROPOSED TERMINATION DATE: <dd/mm/yyyy> | | |
| 1. PARTICIPANTS ENROLLED TO DATE: | | |
| 1. SUMMARY OF RESULTS TO DATE: | | |
| 1. REASON FOR TERMINATION with JUSTIFICATION: | | |
| SIGNATURE OF PI: | | |
| DATE OF APPLICATION: <dd/mm/yyyy> | | |

RECOMMENDATIONS (for UPLB REB use only)

| Comments of Primary Reviewer | | | |
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| RECOMMENDED ACTION:   * APPROVE * REQUEST INFORMATION: (specify) * RECOMMEND FURTHER ACTION: (specify) * PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE | | | |
| PRIMARY REVIEWER |  | Signature |  |
| Date: <dd/mm/yyyy> |  | Name | <Title, Name, Surname> |