**EARLY STUDY TERMINATION (Form 3.8)**

**TO THE PRINCIPAL INVESTIGATOR:** *OBTAIN AN ELECTRONIC COPY OF THIS FORM AND ENCODE ALL INFORMATION REQUIRED IN THE SPACE PROVIDED. PRINT NAME, DATE AND SIGN THIS FORM BEFORE SUBMISSION.*

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| --- | --- | --- | --- |
| **Date of Submission (MMM/DD/YYYY)** |  | **IRB Protocol Number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sponsor** |  | **Sponsor’s Protocol Number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Investigator** |  | **Co-investigator(s)** **(if any)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Investigator’s Signature** |  | **Principal Investigator’s Contact Number** |  |

|  |  |
| --- | --- |
| **Protocol Title**  |  |

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| **Date of Last Progress Report****(MMM/DD/YYYY)** |  | **Starting Date of Recruitment** **(MMM/DD/YYYY)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Termination Date****(MMM/DD/YYYY)** |  | **Date of Last Recruitment****(MMM/DD/YYYY)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Target Number of Participants** |  | **Actual Number Enrolled** |  |

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| **Reason for Termination:** |
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| --- | --- | --- |
| **Actions of the Investigator on the Management of Participants still enrolled in the study after termination** |  [ ]  Informed the participants of the  termination  [ ]  Study Drug was made available to the  participants after the termination [ ]  Follow up the participants who are  still active in the study |  [ ]  Others: |

**TO BE FILLED OUT BY IRB**

**TO THE PRIMARY REVIEWER:***PRINT YOUR NAME, SIGN AND DATE THIS FORM. INDICATE WITH A (✓) CHECK MARK THE APPROPRIATE TICK BOX.*

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| **IRB Decision**  |
| [ ]  Approval with no further action |
| [ ]  Request additional information |
| [ ]  Request meeting with the principal investigator |
| [ ]  Others: |

|  |  |  |
| --- | --- | --- |
| **Primary Reviewer’s Name** | **Signature** | **Date (MMM/DD/YYYY)** |
|  |  |  |

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| **Date of IRB meeting the report was presented****(MMM/DD/YYYY)** |  |