**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)** | Click here to enter text. | **IRB Protocol Number** | Click here to enter text. |

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| **Sponsor** | Click here to enter text. | **Sponsor’s Protocol Number** | Click here to enter text. |

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| **Principal Investigator** | Click here to enter text. | **Co-investigator(s)**  **(if any)** | Click here to enter text. |

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| **Principal Investigator’s Signature** |  | **Principal Investigator’s Contact Number** | Click here to enter text. |

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| **Protocol Title** | Click here to enter text. |

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| **Date of Last Progress Report**  **(MMM/DD/YYYY)** | Click here to enter text. | **Starting Date of Recruitment**  **(MMM/DD/YYYY)** | Click here to enter text. |

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| **Termination Date**  **(MMM/DD/YYYY)** | Click here to enter text. | **Date of Last Recruitment**  **(MMM/DD/YYYY)** | Click here to enter text. |

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| **Target Number of Participants** | Click here to enter text. | **Actual Number Enrolled** | Click here to enter text. |

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| **Reason for Termination:** |
| Click here to enter text. |

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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: |

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| **Primary Reviewer’s Name** | **Signature** | **Date (MMM/DD/YYYY)** |
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| **Date of IRB meeting the report was presented**  **(MMM/DD/YYYY)** |  |