



**CHINESE GENERAL HOSPITAL AND MEDICAL CENTER
DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH
RESEARCH ETHICS REVIEW BOARD (RERB)**



STUDY TERMINATION (FORM 27)

CGHMC RERB Protocol No.	Sponsor Protocol No.
Protocol Title:	
Principal Investigator:	
Date of Submission	Contact No/ E-mail
Department:	Sponsor
RERB Approval Date:	Date of Last Progress Report:
No. of Participants Screened:	No. of Participants Enrolled:
Reason for Termination	
Summary of results	
Accrual Data:	
Plan for Follow-up for Enrolled participants	
P.I. Signature	Date

RECOMMENDED ACTION: <input type="checkbox"/> No Further Action <input type="checkbox"/> Request Information: (Specify) <input type="checkbox"/> Recommend Further Action: (Specify)	Type of Review <input type="checkbox"/> Full Board <input type="checkbox"/> Expedited Meeting Date:
PRIMARY REVIEWER: _____ Signature over name	_____ Date
RERB CHAIR: _____ Signature over name	_____ Date