中華崇仁總醫院暨醫學中心
CHINESE GENERAL HOSPITAL
AND MEDICAL CENTER
EXCEPTIONAL CARE WITHIN REACH

Department of Medical Education and Research
RESEARCH ETHICS REVIEW BOARD (RERB)
Contact#: 8711-4141 local 418 and 481
Email Address: rerb@cghmc.com.ph

STUDY TERMINATION

CGHMC RERB Protocol No.	Sponsor Protocol No.
Protocol Title:	
Principal Investigator:	
Date of Submission	Contact No/ E-mail
Department:	Sponsor
Study Site	
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

To be filled up by RERB

COMMENTS OF PRIMARY REVIEWER
RECOMMENDED ACTION: Type of Review ☐ No Further Action ☐ Full Board ☐ Request Information: (Specify) ☐ Expedited ☐ Recommend Further Action: (Specify) Meeting Date:
PRIMARY REVIEWER: _____ _____ Signature over name Date RERB CHAIR: _____ _____

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Signature over name	Date