



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