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|  | **HOLY ANGEL UNIVERSITY**  **Institutional Review Board**  4th floor, San Francisco de Javier Building  1 Holy Angel Avenue, Santo Rosario, Angeles City 2009  *Telephone*: +63 45 8888691 local 1540 ; *Email*: irb@hau.edu.ph |

**EARLY TERMINATION FORM**

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| **Protocol No.:** | | |
| **Study Protocol Title:** | | |
| **Initial Approval Date:** | | |
| **Effective Period of Ethical Clearance:** | | |
| **Principal Investigator:** | | |
| **E-mail:** | **Telephone:** | **Mobile:** |
| **Study Site:** | | |
| **Study Site Address:** | | |
| **Sponsor:** | | |
| **Sponsor Contact Person:** | | |
| **E-mail:** | **Telephone:** | **Mobile:** |
| **Application Submission Date:** *(to be filled out by HAU-IRB)* | | |
| 1. **Start Date:** | | |
| 1. **Proposed Termination Date:** | | |
| 1. **Required Number of Participants:** | | |
| 1. **Number of Participants Enrolled to Date:** | | |
| 1. **Number of Participants who Withdrew:** | | |
| 1. **Deviations from approved Protocol:** | | |
| 1. **Issues/Problems Encountered:** | | |
| 1. **Reason/Justification for the Early Study Termination:** | | |
| 1. **Support mechanisms / Interventions for Enrolled Participants:** | | |
| 1. **Post-Termination Actions:** | | |
| 1. **Summary of Results to Date:** | | |
| 1. **Conclusions:** | | |
| **Signature of Principal Investigator:** | | |
| **Date of Application:** | | |

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| **Comments and Recommendations of Reviewer:** |
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| **RECOMMENDATION**   * APPROVED * REQUIRE ADDITIONAL INFORMATION: *(indicate information)* |

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| **REVIEWER** |  | Signature |  |
| Date: |  | Name |  |
| **CHAIR** |  | Signature |  |
| Date: |  | Name |  |