



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

INSTITUTIONAL RESEARCH – ETHICS COMMITTEE
(IR-EC)

STUDY TERMINATION FORM

IR-EC Protocol Number: _____
Sponsor Protocol Number: _____ Approval Date: _____
Date of Submission : _____

Protocol Title: _____

Principal Investigator/s: _____

Contact details: Telephone Number: _____ Mobile: _____ E-mail: _____

Institute : _____

Sponsor : _____

Sponsor's Address: _____

Sponsor's contact number: _____

Name of study medicine/ device: _____

Type of Research: Clinical Trial Clinical Research Public Health
 Genetic Research Sociobehavioural Laboratory Research

Date of Latest Progress Report : _____
Date Started : _____ (include site initiation, first recruitment)
Termination Date: _____

Accrual data:
Accrual ceiling set: _____
Total number of participants accrued since protocol began: _____
Total number of patients lost to follow up: _____
Total number withdrawn from the study? _____
Total number of patients completed the study: _____
Total number of patients still active in the study: _____

Total number of SAEs: _____ provide report, if necessary.
Total number of Protocol Deviation/ Violation: _____ provide report, if necessary

Description of reason for study termination: _____

Plans for those who are still active in the study: _____

Summary of Results:

Note: Please use extra paper, if more space is required. Provide pertinent document, if needed.

Principal Investigators' Signature: _____

To be filled-up by the IR-EC:

Reviewer/s Recommendations:

Reviewer's Name : _____
Signature : _____
Date : _____

IR-EC Final Action:

** Approved
Acknowledged
Request further information or action (Specify)
Others:

Type of review: _____ Expedited review _____ Full board review
Date of meeting: _____

Name of Member/Secretary: _____
Signature : _____
Date : _____