

## Notice of Early Study Termination

MMERC Protocol No.		Sponsor Protocol No.	
Protocol Title			
Principal Investigators			
Department		Contact No./Email	
Sponsor		Contact No./Email	
Type of Review	<input type="checkbox"/> Full Board <input type="checkbox"/> Expedited		
ERC Approval Date		Date of Last report	
Report Submission Date <small>To be filled out by MMERC (mm/dd/yyyy)</small>			
1. Start Date <small>(mm/dd/yyyy)</small>			
2. Proposed Termination Date <small>(mm/dd/yyyy)</small>			
3. No. of Participants	_____ A. No. of Participants Withdraw. _____ B. No. of Participants loss to follow-up. _____ C. No. of Active Participants at termination.		
4. Summary of Results Including Accrual Data			
5. Termination Plan for Participants			
6. Reason for Termination with Justification			

PI Signature	Date of Report

Comments of Primary Reviewer (Implications of ethical issues): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR MMERC

### RECOMMENDATION

Decision	<input type="checkbox"/> Approval <input type="checkbox"/> Request for Information, Specific: _____ <input type="checkbox"/> Recommended further action, Specific: _____ <input type="checkbox"/> Pending, if Major Clarification are required before a decision can be made	
Reviewer's Name		Date
Signature		