

Study Report Form for Protocol Termination

Protocol No.:

Protocol Title:

Principal Investigator:

Date of IEC Approval with reference Numbers

Phone number/E-mail address:

Sponsors /Funding Agencies Name:

Address:

Phone/E-mail:

Study site(s):

No. of Participants as each site:

Study Design and Sample Size:

Objectives:

Methodology:

Duration of the study:

Total Number of study participants:

No.of Study Arms (If any):

Number of participants in each of the Study Arms:

Study dose(s):

Reasons for termination (if any):

Provision for follow-up of patients:

Whether the study samples are being retained for future use:

Results:

(Use extra blank paper, if more space is required.)

Outcome and Implications of the Study:

Presentations (If any):

Signature of P.I.:

Date: