

Study Report Form for Protocol Termination/ Suspension/ Discontinuation

Protocol No.:

Protocol Title:

Principal Investigator:

Date of IEC Approval with reference Number:

Phone number/E-mail address:

Sponsors /Funding Agencies Name:

Address:

Phone/E-mail:

Study site(s):

No. of Participants as each site:

Tick the Appropriate:

Premature Termination	Suspension	Discontinuation
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Study Design and Sample Size:

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):

Action taken Post Termination/Suspension/Discontinuation (if any)

Plans for Post study follow-up of Participants

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):

Have been participant's complaints or feedback about the study:

Signature of P.I.:

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