



# Institutional Ethics Committee Of

## KLE Academy of Higher Education and Research

(Nehru Nagar, J.N.Medical College campus, Belagavi 590010, India)

KLES Dr.Prabhakar Kore Hospital, Belgaum-590010, Karnataka State India

t: 0831-2470400 [www.kledeemeduniversity.edu.in](http://www.kledeemeduniversity.edu.in) mail:kleclinicalresearch@gmail.com



### FORM NO: 41

#### 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:	
Protocol No.:	
Protocol Title:	
Principal Investigator:	
Date of IEC Approval with reference Numbers	
Phone number/E-mail address:	
Study site(s):	No of participating sites
Study Design and Sample Size:	
Objectives:	
Methodology:	
Duration of the study:	
Total Number of study participants:	
No.of Study Arms (If any):	
Study Design and Sample Size:	
Objectives:	
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:	
Outcome and Implications of the Study:	
Presentations (If any):	
Date and Signature of P.I.:	