**Study Termination Memorandum**

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| --- | --- |
| PROTOCOL NUMBER: | NMRR NUMBER: |
| STUDY TITLE: |
| NAME OF PRINCIPAL INVESTIGATOR: |
| TELEPHONE: |  | E-MAIL: |  |
| INSTITUTION: |  |
| SPONSOR: |  |
| MREC APPROVAL DATE: |  | DATE OF LAST CONTINUING REVIEW REPORT: |  |
| STARTING DATE: |  | TERMINATION DATE: |  |
| REASON FOR TERMINATION: |
| **ENROLLMENT DATA** |
| APPROVED NUMBER OF SUBJECTS: |  | NUMBER OF SUBJECTS ENROLLED: |  |
| STATUS OF RECRUITED SUBJECTS (Applicable for Clinical Research): |
| SIGNATURE OF PRINCIPAL INVESTIGATOR: | DATE: |

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| **MREC OFFICE USE ONLY (Do not write below this line) - Please Tick (√) at the appropriate checkbox [ ]**  |
| **SUBMISSION DATE:** |
| **SUBMITTED DOCUMENT**  | **[ ]  MREC Study Termination Memorandum OR Document/ Communication on study termination** |
| **Additional actions or information needed?**  | **[ ]  NO** **[ ]  YES****Specify:** |
| **DATE:** | **SCREENED BY:** |
| **EXEMPT REVIEW BY CHAIRPERSON/ DEPUTY CHAIRPERSON** |
| **DATE:** | **APPROVED BY:** |

|  |  |
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| **To be endorsed in the next full-board meeting:** | [ ]  Red Panel Meeting Date: …………………….[ ]  Blue Panel Meeting Date: ……………………. |