Application for Termination/Suspension/Discontinuation of Research Study

Protocol Number:
Title of study:
List of Principal Investigators and Collaborators:

Name	Role in the Project	Designation	Affiliation

Date of EC approval:
Start date of the study:

Progress and Status Update:

Date of Last Progress Report Submitted to EC:

Date of Proposed Amendment:

Date of Extension:

Date of Termination/Suspension/Discontinuation:

Status of Study (tick the appropriate option):

- Premature Termination ☐
- Suspension ☐
- Discontinuation ☐

Provide a detailed explanation of the reason(s) for the termination, suspension, or discontinuation of the study.

Describe any actions taken in response to the termination, suspension, or discontinuation, if applicable.

Provide details of any post-study follow-up plans or procedures for the withdrawal of participants.

Study Participant Details:

- Total Participants to be Recruited: [Number]

- Screened: [Number]
- Screen Failures: [Number]
- Enrolled: [Number]
- Consent Withdrawn: [Number] (Reason: [Details])
- Withdrawn by Principal Investigator: [Number] (Reason: [Details])
- Active on Treatment: [Number]
- Completed Treatment: [Number]
- Participants on Follow-Up: [Number]
- Participants Lost to Follow-Up: [Number]
- Any Other: [Details]
- Number of Dropouts: [Number] (Reasons for Dropout: [Details])

Was there any violation of ethical guidelines or deviation during the study?

- Yes
- No

Was there any serious adverse event (SAE) during the research?

- Yes_____
- No

If yes, how did you address the SAE?

Have there been any participant complaints or feedback about the study?

- Yes ☐
- No ☐

  If Yes, please provide details: [Details]

Do the procedures for withdrawal of enrolled participants take into account their rights and welfare?

- Yes ☐
- No ☐

  If Yes, please provide details: [Details]

Do you plan to retain the data collected from the study participants?

Signature of the PI:
Signature of the Collaborators:
Signature of thesis advisor: