**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: ……………………. |