



INSTITUTIONAL ETHICS AND REVIEW BOARD
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<h1 style="margin: 0;">Early Study Termination Form</h1>	PSH-IERB Form 4K
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PSH-IERB Code:		Date Submitted:	
Protocol Number/Study Title:			
Sponsor:		Sponsor's Local Address:	
Principal Investigator:	Sub-Investigator:	Study Coordinator:	

Initial Protocol Approval Date:	Termination Date:
Number of Study Arms:	
Target PSH Sample Size:	
Start of Recruitment:	Date of Last Recruitment:
Actual # of patients successfully enrolled:	
Date of Last Progress report:	
Summary of Results:	
Reason for Termination:	
Submitted by:	

For IERB members: Please write your comments below and indicate decision.	
Is the reason for early termination acceptable? _____	
Is the termination package appropriate? _____	
Are there plans in place to monitor recruited patients? _____	
<input type="checkbox"/> Approved <input type="checkbox"/> With pending stipulations: _____	
_____ Reviewer's signature over printed name Date reviewed: _____	