



SJD Institutional Review Board
Title: Early Termination Form
Code: SJDIRB Form 17
Version: 02

Section 1. To be filled up by the Principal Investigator. (This form is required to apply for premature termination or suspension of a study and refers to ICH-GCP Section 4.12: PREMATURE TERMINATION OR SUSPENSION OF A TRIAL.)

SJDIRB Reference Code		Date of Submission	DD Month YYYY
Protocol Code		SJREB Code	
Protocol Title			
Principal Investigator			
Sponsor/CRO			
Approval Date	DD Month YYYY	Start Date	DD Month YYYY
Date of last Continuing Review/Approval:	DD Month YYYY	Proposed Termination Date	DD Month YYYY
Participants Enrolled to Date		PI Telephone No.	
		PI Mobile No.	
SUMMARY OF RESULTS TO DATE:			
ACCRUAL DATA:			
REASON FOR TERMINATION with JUSTIFICATION:			
ADDITIONAL INFORMATION			
THIS REPORT MUST BE SIGNED AND DATED BY THE INVESTIGATOR			
<ol style="list-style-type: none">1. Fill in the form and email an electronic copy to:2. Print two copies of the completed form, sign and date3. Send one signed copy to SJDIRB4. Put one signed copy in your Trial Master File in the Pharmacovigilance section5. Receipt will be acknowledged by email			
Name of Primary Investigator		Signature	Date



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Section 2: FOR SJDIRB USE ONLY (To be filled by the Primary Reviewer)			
Decision Points		Recommendation	
<ul style="list-style-type: none"> • Approve • Recommend further action • Request additional information • Site Visit • Pending (if substantial clarifications are necessary prior to reaching a decision) 		1. . 2. . 3. .	
Primary Reviewer		Signature	
SJDIRB Final Action			
Final Decision		Recommendation/Comments	
<ul style="list-style-type: none"> • Approve • Recommend further action • Request additional information • Site Visit • Pending (if substantial clarifications are necessary prior to reaching a decision) 		(e.g. Proceed with the recommendation of the reviewer or full board meeting last _____)	
SJDIRB Officer	Name	Signature	Date
Board/Panel Secretary			
Chair/Panel Lead			