

	<b>UP OPEN UNIVERSITY</b> Institutional Research Ethics Committee		
	<b>EARLY TERMINATION REPORT</b>	REC Form No.	14 (A)
		Version No:	01
		Date of Effectivity:	

**Instructions to the Researcher: Please accomplish this form and ensure that you have included in your submission the documents that you checked below (in Section 3. Checklist of Documents).**

General Information			
*Title of Study			
Version Number/Date of the EC approved protocol			
*REC Code (To be provided by UPOU IREC)		*Study Site	
*Name of Researcher		Contact Information	*Tel No:
			*Mobile No:
*Co-researcher (if any)			Fax No:
			*Email
*Institution			
*Address of Institution			
Effective period of Ethical Clearance	From:	To:	
Recommended by:	(e.g. Sponsor, Funding Agency, Data Safety Monitoring Board, Researcher/Proponent)		
Early Termination Report			
1. Start of study		2. Expected End of Study	
3. Number of enrolled participants		4. Number of required participants	
5. Reason/s for termination		6. Support mechanisms/Interventions for Enrolled Participants	



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**EARLY TERMINATION  
REPORT**

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7. Post-Termination Actions

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Name and Signature of Proponent

Date:

Received by:

Date: