

National Health Sciences Research Committee

PROTOCOL TERMINATION NOTIFICATION FORM 14-01

PROTOCOL TITLE:			
PROTOCOL NUMBER:			
PRINCIPAL INVESTIGATOR:			
MEDICAL ADVISOR (where applicable):			
NHSRC APPROVAL DATE:		DATE OF LAST REPORT:	
STARTING DATE:		TERMINATION DATE:	
NO. OF PARTICIPANTS:		NO. ENROLLED:	
SUMMARY OF RESULTS			
REASON FOR TERMINATION			
APPLICANT NAME:		DATE:	

NOTE: The NHSRC may request for any additional information to support this request/notification