

## ERC Form 4E: Early Study Termination



### EARLY STUDY TERMINATION APPLICATION FORM

**INSTRUCTIONS TO 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. Obtain an electronic copy of this form and encode all information required in the space provided. Print the application in A4 size paper; then date and sign this form before submission. Approval of this application would require further completion of **RIHS ERC FORM 4(C) 2012: FINAL REPORT FORM**.*

<b>RIHS ERC CODE:</b>
<b>STUDY PROTOCOL TITLE:</b>
<b>APPROVAL DATE:</b>
<b>PRINCIPAL INVESTIGATOR:</b>
<b>STUDY PROTOCOL APPROVAL DATE:</b>

## ERC Form 4E: Early Study Termination

<b>Email:</b>	<b>Telephone:</b>	<b>Mobile:</b>
<b>STUDY SITE:</b>		
<b>STUDY SITE ADDRESS</b>		
<b>APPLICATION SUBMISSION DATE:</b>		
<i>(To be filled out by the Principal Investigator):</i>		
<b>1. START DATE:</b>		
<b>2. PROPOSED TERMINATION DATE:</b>		
<b>3. PARTICIPANTS ENROLLED TO DATE:</b>		
<b>4. SUMMARY OF RESULTS TO DATE:</b>		
<b>5. REASON FOR TERMINATION with JUSTIFICATION:</b>		
<b>SIGNATURE OF PI:</b>		
<b>DATE OF APPLICATION:</b>		

  

<b>RECOMMENDED ACTION:</b> <i>(for RIHS ERC use only)</i>	
<input type="checkbox"/> FOR CLOSING AND ARCHIVING OF FILE <input type="checkbox"/> UPHOLD ORIGINAL APPROVAL WITH NO FURTHER ACTION <input type="checkbox"/> REQUEST INFORMATION: (specify) <input type="checkbox"/> RECOMMEND FURTHER ACTION: (specify)	

  

<b>PRIMARY REVIEWER</b>	Signature _____
Date:	Name _____
<b>RIHS ERC SECRETARY</b>	Signature _____
Date:	Name _____
<b>RIHS ERC CHAIR</b>	Signature _____
Date:	Name _____