



**NATIONAL CENTER FOR MENTAL HEALTH
RESEARCH ETHICS COMMITTEE**

Version no. 7

June 19, 2023

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**FORM 3.8
EARLY STUDY TERMINATION APPLICATION**

REC Protocol No:		Sponsor Protocol No.	
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Protocol Title:	
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Principal Investigator:	
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Phone :		E-Mail:	
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Department:	
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Sponsor:	
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REC Approval Date:		Date of Last Report:	
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Starting Date:		Termination Date:	
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No. of Participants:		No. Enrolled:	
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Summary of Results:	
Accrual Data:	
Reason for early termination	



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Is this a temporary
Halt to the study?
What is the
justification for
temporarily halting
The study?
When do you
expect
The study to re-
start?

Are there any
potential
implications
for research
participants as a
result of
terminating/halting
the study
Prematurely?
Please describe the
steps taken to
Address them.

P.I. Signature:

Date:

To be filled up by NCMH-REC

Signature:

Received by:

<Printed Name>

Date

Received:

<mm/dd/yyyy>



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RECOMMENDATIONS (for NCMH-REC use only)

PRIMARY REVIEWER	Signature	DATE
1. 2. 3.		
RECOMMENDED ACTION: <input type="checkbox"/> Accept decision for termination <input type="checkbox"/> Request for additional information <input type="checkbox"/> Require further action in termination plan	Type of review: <input type="checkbox"/> Expedited review <input type="checkbox"/> Full Board review Date of meeting _____	
NCMH-REC FINAL DECISION:		
Certified by: NCMH-REC CHAIR	Signature:	Date: