Study Termination Form

*for studies approved by the*

Sligo University Hospital Research Ethics Committee

*Please complete form and return to the Research Ethics Committee Administrator, SUH*

1. Principal Investigator:

1. Study title
2. Date of REC approval
3. Study Commencement Date
4. Date of completion of study.
5. Please summarise the main findings of the study
6. Please indicate if the study procedures have complied with the approved study proposal and/or amendments to the proposal
7. Please describe measures taken to maintain and secure personal information/records pertaining to the research

1. Have you encountered any problems relating to ethical issues? If yes, what did you do to resolve those?

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal investigator Date:\_\_\_\_\_\_\_

I have received the above Study Termination Form:

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairperson, REC Date:\_\_\_\_\_\_\_