Study Termination Form

**Research Ethics Committee SUH**

Chairperson: Dr. Miriam O’Sullivan

Admin: Susanna Haupt

Phone: +353-71-91 80305

Mail: office@[ref-sligo.ie](mailto:ref.sligo@hse.ie)

Web: [www.ref-sligo.ie](http://www.ref-sligo.ie/)

for studies approved by the

Research Ethics Committee (REC) Sligo University Hospital

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

1. Principal Investigator: ………………………………………………………………………………………………………………
2. Department/ Organisation: …..…….…………………………………………………………….……………………………..
3. Title of Research Study:………………………………………………………………………..…………………………………
4. Date of Original REC Approval: ……………………………………………………………………………………………….
5. REC Application Number: ……………………………………………………………….………………………………………
6. Study Commencement Date: .…………………………………………………………………………………………………
7. Date of completion of study: ………………………………………………………………………………………………….
8. Please summarise the main findings of the study:
9. Please indicate if the study procedures have complied with the approved study proposal and/ or amendments to the proposal.
10. Please describe measures taken to maintain and secure personal information/records pertaining to the research.
11. Have you encountered any problems relating to ethical issues? If yes, what did you do to resolve those?

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Date