

Notice Of Study Discontinuation

To: IRB

From: _____, Principal Investigator

IRB Reference Number: _____

Protocol Number: _____

Protocol: _____

The above referenced study has been:

- Closed. _____ (number) patients are in long-term follow-up. The last patient is expected to complete follow-up on _____ (date).
- Terminated due to administrative reasons. (e.g. slow enrollment, no patients enrolled at this site)
- Closed, all patients have completed follow-up.

Acknowledged by: _____ Date: _____
Committee Chairperson
(signature)

(print or type name)