



Republic of the Philippines
 Department of Health, Center for Health Development (CHD) IV-CALABARZON
BATANGAS MEDICAL CENTER
 Batangas City
ISO 9001:2015 CERTIFIED



BATANGAS MEDICAL CENTER RESEARCH ETHICS REVIEW COMMITTEE

EARLY STUDY TERMINATION (FORM 3.20.1)

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| RERC 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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| RERC Approval Date: | | Date of Last Report: | |
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|----------------|--|-------------------|--|
| Starting Date: | | Termination Date: | |
|----------------|--|-------------------|--|

| | | | |
|----------------------|--|---------------|--|
| No. of Participants: | | No. enrolled: | |
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| Summary of Results: | |
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| Accrual Data: | |
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| Reason/s for early termination: Indicate justification | |
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BATANGAS MEDICAL CENTER RESEARCH ETHICS REVIEW COMMITTEE

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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. | |

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| P.I. Signature | Date: |
|----------------|-------|

To be filled up by RERC

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|---------------|--|--------------|--|
| Date received | <input style="width: 90%;" type="text"/> | Received by: | <input style="width: 90%;" type="text"/> |
| | | Printed name | <input style="width: 90%;" type="text"/> |
| | | Signature : | <input style="width: 90%;" type="text"/> |

| Primary Reviewers | Signature | Date |
|------------------------|-----------|------|
| 1. | | |
| 2. | | |
| Other member reviewers | | |
| 1. | | |
| 2. | | |
| 3. | | |

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| Recommendations <input type="checkbox"/> Accept decision for termination <input type="checkbox"/> Request for additional information | Type of review: <input type="checkbox"/> Expedited review <input type="checkbox"/> Full Board review |
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 RESEARCH ETHICS REVIEW COMMITTEE**

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|---|--------------------------|
| <input type="checkbox"/> Require further action in termination plan | Date of meeting _____ |
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| ERC Final Decision: | |
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Certified by:

| Name of Member-Secretary | Signature | Date |
|--------------------------|-----------|------|
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