



Markham Stouffville Hospital Research Ethics Board – APPENDIX C

381 Church St., Markham, Ontario L3P 7P3 Tel : 905-472-7126 Fax : 905-472-7086
http://www.msh.on.ca

TERMINATION REPORT

If this protocol is closed to accrual, but research participants are still on study treatment, an annual renewal report should be submitted.

| | |
|--|--|
| 1. REPORT DATE: | |
| 2a. Protocol Number: | |
| 2b. Protocol Title: | |
| 3. Principal Investigator at Markham Stouffville Hospital: | |
| 4a. Termination Date: | <input type="checkbox"/> Scheduled or <input type="checkbox"/> Premature |
| 4b. If premature, state reason for termination (e.g. no subjects (participants), adverse events, etc.): | |
| 5a. Most recent approval 'expiry date': | |
| 5b. Number of research participants who have provided consent AND enrolled into the study locally, since initial approval OR last renewal report date: | |
| 5c. Total number of research participants enrolled at this site since initial MSH-REB approval: | |
| 5d. Number of local withdrawals since initial MSH-REB approval OR last renewal report date: | |
| 5e. Total number of withdrawals at this site since initial MSH-REB approval: | |

6. ADVERSE EVENTS

Have any unexpected side effects, adverse events, or findings been noted since last approval? Yes No
If yes, an adverse event report must be submitted.

If already submitted an adverse event report to MSH-REB, indicate the date of submission. **Date:**

7. SUMMARY OF CONCLUSIONS

Intent to publish: Yes No

PLEASE TYPE OR PRINT CLEARLY

Original Signature of Principal Investigator

Date

PLEASE NOTE: You must *keep a copy of this form for your study file.*