



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

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EARLY STUDY TERMINATION APPLICATION FORM

Section 1 (To be filled-up by PI))

Submission Date	
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LCP-IERB CODE		Sponsor Protocol Number	
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Protocol Title	
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	Name	Mobile / Phone / Fax Number	Email Address
Principal Investigator			
Sponsor			

IERB Approval Date		Date of Last Report	
Starting Date		Termination Date	
Number of Participants		Number of Enrolled Participants	

Reason for Early Termination	
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Summary of Results	
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Accrual Data	
1. How many completed the study?	
2. How many are still active?	
3. What are the plans for follow-up of still active participants?	

Principal Investigator's Signature		Date	
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Section 2 (For IERB Use only)

Assessment by the Primary Reviewer

Comments on issues related to participant's safety:	
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Recommendations	<input type="checkbox"/> Approval / No further action
	<input type="checkbox"/> Further action required, indicate action _____
	<input type="checkbox"/> Further information / Clarification from PI required, specify _____

Primary Reviewer	Signature	Date

IERB Decision	
Full Board Meeting Date	

LCP-IERB Chairman	Signature	Date