HAUREC Form 105; For Withdrawal Of Study Approval

HOSPICE AFRICA UGANDA RESEARCH AND ETHICS COMMITTEE	For Office Use Only **REC/A/……..…..**
	Date received ……

NB: Final report required for withdrawal of HAUREC approval

This form will constitute your notice of termination and final report to HAUREC and UNCST. Submit this form and the information requested prior to the expiration date for the protocol.

Note: In order to terminate HAUREC approval, all research related to this protocol must have ceased, including subject enrollment, subject follow-up, and work with identifiable information related to the study subjects, including medical or research records. Data analysis, utilizing identifiable data collected from study subjects requires HAUREC approval. If you are performing data analysis, you must submit the Continuing Review application.

It is the responsibility of the Principal Investigator to notify all study personnel associated with this protocol that it has been terminated.

HAUREC Protocol #		Effective Date of withdrawal: Must be on or before expiration date.	
Project Title:			
Principal Investigator:			
Phone:		Email:	

STUDY INFORMATION	
Total number of subjects enrolled since start of the study? (May be for more than one year)	
How many subjects have voluntarily withdrawn participation at their own request?	
How many subjects have withdrawn participation at the request of the PI?	
How many serious adverse events have occurred at your site(s)? (deaths, serious incidents, significant adverse events)	
How many serious adverse events have occurred for entire study? (If multi-site)	
Have there been any significant new findings (either good or bad) that should be disclosed to subjects who participated in the study. If yes, attach a brief rationale and any plans for informing subjects.	Check one: ☐ Yes ☐ No

Signature of Principal Investigator			Date ……	
Print Name of Principal Investigator				