



Brandeis University

Committee for Protection of Human Subjects

PROTOCOL TERMINATION FORM

NOTE: Do not fill out this form if:

1. You are continuing to enroll subjects in this protocol.
2. You are continuing to collect tissue or blood specimens for this protocol.
3. You are continuing to collect data for this protocol.
4. You are continuing to follow subject who are **enrolled in this protocol**, and are following them **for this protocol**.
5. You are in the process of analyzing data that was collected for this protocol.
6. You are continuing to seek funding for this protocol.

If you are continuing to do any of the items listed above, you will need to fill out the Continuing Review Request Form & Project Report. This form will be sent to you sixty (60) days before your annual renewal date.

Human Subjects Approval #: HEX _____ Principal Investigator: _____

Project Title: _____

Date of Termination: _____

Did you report any adverse events to the HIC during the course of this study? Yes No If yes, how many? _____

Please provide a short narrative summary of the conclusions of this study. Include comments on any adverse events that occurred, and the significance they had for your conclusions.

Signature of Principal Investigator

Date

Student Initiated Research: This signature verifies the attached protocol meets with department approval and is in compliance with procedures/regulations designed to protect human subjects.

Department Approval: _____ Date _____
Signature

Send completed form to:

Brandeis Committee for Protection of Human Subjects, MS#116, PO Box 549110, Waltham, MA 02454-9110

BCPHS REVIEW: E X C R MR A CA D BCPHS Authorization: _____ Date: _____