

**NORTH MISSISSIPPI HEALTH SERVICES
INSTITUTIONAL REVIEW BOARD
Study Termination**

Study Title:

Protocol Number:

NMHS IRB code:

Funding Agency:

Principal Investigator:

Study Overview:

Initial approval date:

Initial IRB-approved # of subjects:

Most recent approval date:

Current IRB-approved # of subjects:

(date:_____)

Total anticipated, worldwide subject enrollment:

Total subject enrollment before closure: **worldwide:** **NMHS:** overall total enrolled at this site (sum total):
completed enrollment:
total withdrawn:
total expired:

Subject enrollment since last approval:

worldwide:

NMHS:

Total initial adverse events for this protocol:

worldwide:

NMHS:

* Do not count follow-up events

* Include only the AEs on this protocol

Adverse events since last approval:

worldwide:

NMHS:

* Do not count follow-ups and include only AEs on this protocol

Protocol deviations/violations since last approval:

NMHS:

Since last approval check the following:

Protocol changes: ☐ Yes ☐ No

Informed consent form and/or process changes: ☐ Yes ☐ No

Subject recruitment changes (e.g. adding recruitment/retention inducements): ☐ Yes ☐ No

Please attach study summary (if available)

Comments:

Principal Investigator: _____ **Date:** _____