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**COMPLETION/TERMINATION OF STUDY**

*To be completed electronically by the principal investigator/researcher/****Promoter/Supervisor***

|  |
| --- |
| Select nature of notification: |
| Completion of Study |  | Termination of Study |  |  |
|  Faculty: |  Department: |
| Research title: |  |
| Principalinvestigator/researcher: |  |
| Co-investigator/supervisor: |  |  |  |
| Contact details: | Tel. no. | Cell no. | Email: |
|  |  |  |
| Ethics approval number: |  |
| Ethics approval date: |  |
| Date of starting data collection: |  |
| Date of completing (finalreport/dissertation/thesis) ORtermination |  |

**Information regarding the Study Population:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample no.required for study(as per proposal) | No.enrolled in study | No.withdrawn | No. lost tofollow-up or referral | Complaints received  |
|  |  |  |  |  |
| **Concise summary of activities since last review report:** |
| Achievements measured against the proposal aims and objectives, time frames and outputs/outcomes,as defined by research proposal: (Include abstract for notification of completion of study) |
| Explanation/reason for termination (if applicable): |
| Any other relevant information: |

Principal Investigator/Researcher Date

Co-Investigator/Supervisor Date

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 Name and Surname Signature Date

 Chairperson, REC