B I C O L U N I V E R S I T Y
C o l l e g e o f M e d i c i n e
Institutional Review Board
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STUDY TERMINATION (FORM 3.8)

IRB Protocol No:		Sponsor Protocol No.	
Protocol Title:			
Principal Investigator:			
Phone :		E-Mail:.	
Department:			
Sponsor:			
IRB Approval Date:		Date Of Last Report:	
Starting Date:		Termination Date:	
No. of Participants:		No. Enrolled:	
Summary of Results			
Accrual Data:			
P.I. Signature:		Date:	