**Declaration of the end of a study**

**(For all studies except Clinical Trials of Investigational Medicinal Products)**

**To be completed in typescript by the Chief Investigator or sponsor representative and submitted to the Research Ethics Committee (REC) that gave a favourable opinion of the research within 90 days of the conclusion of the study or within 15 days of early termination**

**For questions with Yes/No options please indicate answer in bold type.**

**1. Details of Chief Investigator**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |

**2. Details of study**

|  |  |
| --- | --- |
| Full title of study: |  |
| IRAS ID: |  |
| Name of REC: |  |
| REC reference number: |  |
| Date of favourable ethical opinion: |  |
| Sponsor: |  |

**3. Study duration**

|  |  |
| --- | --- |
| Date study commenced: |  |
| Date study ended |  |
| Did this study terminate prematurely? | Yes / NoIf yes, please complete sections 4, 5 & 6. If no, please complete section 4 and then go directly to section 7. |

**4. Recruitment**

|  |  |
| --- | --- |
| Number of participants recruited |  |
| Proposed number of participants to be recruited at the start of the study |  |
| If different, please state the reason or this |  |

**5. Circumstances of early termination**

|  |  |
| --- | --- |
| What is the justification for this early termination? |  |

**6. Potential implications for research participants**

|  |  |
| --- | --- |
| Are there any potential implications for research participants as a result of terminating the study prematurely? Please describe the steps taken to address them. |  |

**7. Final report on the research**

|  |  |
| --- | --- |
| Have you submitted a Final Report? | Yes / NoIf no, please submit a Final Report within 12 months of the end of the study (or for paediatric CTIMPs, within 6 months). More information is available on the [HRA website](https://www.hra.nhs.uk/approvals-amendments/managing-your-approval/ending-your-project/) |

**8. Declaration**

|  |  |
| --- | --- |
| \*Signature or Electronic Authorisation of Chief Investigator/sponsor representative:\*Please print below or insert electronic signature |  |
| Print name: |  |
| Date of submission: |  |