



ANGELES UNIVERSITY FOUNDATION
INSTITUTIONAL ETHICS REVIEW COMMITTEE

PREMATURE TERMINATION/SUSPENSION OF STUDY

GENERAL INSTRUCTIONS: Please accomplish this form and submit to the AUF-IERC.	
1. Reference number: _____	
2. Principal Investigator: _____ Signature over printed name	
3. Address/Contact numbers: _____	
4. Sponsor: Name: _____ Protocol No.: _____	
5. Project title: _____	
6. Date of Initial Approval: _____	
7. Date of Submission: _____	
8. Received By: _____	
Date of Last Progress Report:	Starting Date of Recruitment:
Termination Date:	Date of Last Recruitment:
Reason for Termination	
MEMBER: <SIGNATURE OVER PRINTED NAME> DATE: <dd/mm/yyyy>	
AUF- IERC CHAIR: <SIGNATURE OVER PRINTED NAME> DATE: <dd/mm/yyyy>	