# FORM 7: Study Termination Memorandum

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROTOCOL NUMBER: | | | | Date: | | | | |
| PROTOCOL TITLE: | | | | | | | | |
| PRINCIPAL INVESTIGATOR: | | |  | | | | | |
| PHONE : | | | | | | E-MAIL: | | |
| RESEARCH ADVISER | | | | | |  | | |
| PHONE: | | | | | | E-MAIL: | | |
| INSTITUTE/  AFFILIATION: |  | | | | | | | |
| SPONSOR (IF ANY): |  | | | | | | | |
| ERC APPROVAL DATE: | |  | | | DATE OF LAST REPORT: | | |  |
| STARTING DATE: | |  | | | TERMINATION DATE: | | |  |
| NO. OF PARTICIPANTS: | |  | | | NO. ENROLLED: | | |  |
| SUMMARY OF RESULTS |  | | | | | | | |
| ACCRUAL DATA: |  | | | | | | | |
| P.I.SIGNATURE: | |  | | | | | DATE: | |