# 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: |