**Appendix G**



COMPLETION / TERMINATION OF STUDY

To be completed electronically by the principal investigator/researcher.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Select nature of notification: | | | | | | |
| Completion of Study |  | Termination of Study | |  | |  |
| Research title: | |  | | | | |
| Principal  investigator/researcher: | |  | | | | |
| Co-investigator/supervisor: | |  |  | |  | |
| Contact details: | | Tel. no. | Cell no. | | Email: | |
|  |  | |  | |
| Ethics approval number: | |  | Institution: | |  | |
| Full Ethics Approval Date: | |  | | | | |
| Date of starting data collection: | |  | | | | |
| Date of completing (final  report/dissertation/thesis) OR  termination | |  | | | | |

**Information regarding the Study Population:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample no.  required for study  (as per proposal) | No.  enrolled in study | No.  withdrawn | No. lost to  follow-up or referral | Comments |
|  |  |  |  |  |
| **Concise summary of activities since last review report:** | | | | |
| Achievements measured against the proposal aims and objectives, time frames and outputs/outcomes,  as defined by research proposal: (Include abstract for notification of completion of study) | | | | |
| Explanation/reason for termination (if applicable): | | | | |
| Any other relevant information: | | | | |

Principal Investigator/Researcher Date

Co-investigator/supervisor Date