**Appendix I**

INTERRUPTION OF STUDY

To be completed electronically by the principal investigator/researcher.

|  |  |
| --- | --- |
| Research title: |  |
| Principalinvestigator/researcher: |  |
| Co-investigator/supervisor: |  |  |  |
| Contact details: | Tel. no. | Cell no. | Email: |
|  |  |  |
| Ethics approval number: |  | Institution: |  |
| Ethics approval date: |  |
| Date of starting data collection: |  |
| Date of interruption  |  |
| If applicable, when might the study be expected to resume? |  |

**Information regarding the Study Population:**

|  |
| --- |
| **Concise summary of activities since last review report:** |
| Explanation/reason for interruption (if applicable): |
| Ethics category of Study (Please Tick)

|  |  |  |  |
| --- | --- | --- | --- |
| 2 |  | 3 |  |

 |
| If participants have already been recruited, what was the number recruited? What was the number of withdrawals? |
| At what stage was the study interrupted? 1 |
|  If applicable, what steps have been taken to accommodate those who have participated in the study after interruption? |
| Any other relevant information: |

Principal Investigator/Researcher Date

Co-investigator/supervisor Date

**References:**

[South African good clinical practice guidelines. 2nd edition](https://www.google.co.za/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiFuffwl5bVAhWGPxoKHXvNAiAQFggkMAA&url=http%3A%2F%2Fwww.kznhealth.gov.za%2Fresearch%2Fguideline2.pdf&usg=AFQjCNFPS2z5fpitrvxT2v5_b4D-5k-BKg). Available at http://www.kznhealth.gov.za/research/guideline2.pdf