



NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE

FORM 14-01

PROTOCOL TERMINATION NOTIFICATION

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| PROTOCOL TITLE: | | | |
| PROTOCOL NUMBER: | | | |
| PRINCIPAL INVESTIGATOR: | | | |
| MEDICAL ADVISOR (where applicable): | | | |
| NHSRC APPROVAL DATE: | | DATE OF LAST REPORT: | |
| STARTING DATE: | | TERMINATION DATE: | |
| NO. OF PARTICIPANTS: | | NO. ENROLLED: | |
| SUMMARY OF RESULTS | | | |
| REASON FOR TERMINATION | | | |
| APPLICANT NAME: | | DATE: | |

NOTE: The NHSRC may request for any additional information to support this request/notification

Executive Committee: *Dr C. Mwansambo (Chairperson), Prof. E. Molyneux (Vice-Chairperson)*
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