**NAVAL MEDICAL CENTER SAN DIEGO**
**CLINICAL RESEARCH TERMINATION REPORT**

1. CIP #_____ Date of this report:_____

2. Principal Investigator: _____

3. Project Title: _____

4. Location of Study (e.g. NMCSD):_____

5. Date Protocol Approved: _____

6. Date Protocol Initiated: _____

7. Date Protocol Terminated: _____

8. State objectives of study:

_____
_____
_____
_____

9. State why research objectives have not been met:

_____
_____
_____
_____

10. For HUMAN use studies, report the following:

a. Number of subjects enrolled since last continuing review:_____
b. Total number of subjects enrolled in study: _____

Attach a list of initials and SSNs of all subjects ever enrolled in this study.

11. Has all follow-up of subjects been completed? _____
(If not, the study cannot be terminated)

12. Describe what will become of the data collected on any enrolled subjects:

_____
_____
_____
_____

_____

Signature of Principal Investigator