

**ANNEX – AF/01-018/01****Study Termination Memorandum**

PROTOCOL NUMBER:		PROTOCOL TITLE:	
PRINCIPAL INVESTIGATOR:			
PHONE :	E-MAIL:		
INSTITUTE:			
SPONSOR:			
REBH APPROVAL DATE:		DATE OF LAST REPORT:	
STARTING DATE:		TERMINATION DATE:	
NO. OF PARTICIPANTS:		NO. ENROLLED:	
REASON FOR TERMINATION			
SUMMARY OF RESULTS			
ACCRUAL DATA:			
P.I.SIGNATURE:		DATE:	