National Research Ethics Committee for Clinical Trials (NREC-CT)

Declaration of the End of a Clinical Trial

**This form should be completed by the Sponsor. It should be submitted to the NREC within 90-days of the conclusion (last person - last visit) of the trial.**

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| A. TRIAL IDENTIFICATION |  |
| EudracCT No.: | Click or tap here to enter text. |
| Title of clinical trial: | Click or tap here to enter text. |
| NREC Number: | Click or tap here to enter text. |
| Name of site(s): | Click or tap here to enter text. |
| Submission date: | Click or tap to enter a date. |

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| B. APPLICANT IDENTIFICATION | |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Institution: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Mobile: | Click or tap here to enter text. |
| Sponsor details: | Click or tap here to enter text. |

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| C. TRIAL DURATION | |
| Start date (first person first visit) | Click or tap to enter a date. |
| End date (last person last visit) | Click or tap to enter a date. |
| Duration (years / months) | Years:Click or tap here to enter text. Months: Click or tap here to enter text. |

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| D. CIRCUMSTANCES FOR ENDING CLINICAL TRIAL | |
| D.1 Has this clinical trial ended prematurely? | Yes No |
| If Yes, please specify the reasons for ending the trial prematurely. | Click or tap here to enter text. |
| D.2 Is this a temporary halt to the trial? | Yes No |
| If Yes, please specify the reasons for temporarily halting the clinical trial and, if possible, identify when you expect the clinical trial to re-start. | Click or tap here to enter text. |
| D.3 Are there any potential implications for research participants as a result of terminating/halting the clinical trial prematurely? | Yes No |
| If Yes, please describe the steps taken to address them. | Click or tap here to enter text. |

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| E. FINAL REPORT ON THE RESEARCH | |
| E.1 Is a summary of the final report on the research enclosed with this form? | Yes No |
| **If No, please submit a copy to the REC within twelve months of the end of the clinical trial.** | |

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| DECLARATION |
| I certify that the information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it. |
| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print Name**: Click or tap here to enter text.  **Date:** Click or tap to enter a date.(dd/mm/yyyy) |