

DATE:

**NOTIFICATION OF STUDY COMPLETION OR TERMINATION**

Vancouver Coastal Health Authority Research Study Number (e.g. V00-XXXX):  
UBC Research Ethics Board Number (e.g. H07-XXXX):

**PRINCIPAL INVESTIGATOR:**

**STUDY TITLE:**

**FUNDING AGENCY(IES):**

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The research project has been **completed** – the VCH research study submission for this project can be archived by VCHRI.

**OR**

The research project has been **terminated** – the VCH research study submission for this project can be archived by VCHRI.

If the research project was **terminated**, briefly explain why the research project was terminated or attach supporting documentation to this document regarding termination of the study (e.g. letter from the industry sponsor stating that the multi-centre enrolment target has been reached.)

Date the research project was completed/terminated:

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FOR CLINICAL TRIALS ONLY (industry-initiated & investigator-initiated): How many subjects were enrolled in the research study?

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Name of Person Completing This Form (Print or Type Name):  
Title:

If the person completing this form is NOT the Principal Investigator, indicate by ticking the box to the left that you have been authorized by the Principal Investigator to submit this form on behalf of the Principal Investigator.