



Early Termination Request Form

INDUSTRY-SPONSORED CLINICAL TRIALS/RESEARCH USE ONLY

Study Information

PI Name: _____

Stanford SPO # _____

Sponsor Name: _____

Request Information:

Has the Sponsor acknowledged and approved the Study closure? *(Please Send Correspondence with Sponsor)*

Yes No

Has the IRB closed the Study?

Yes No

Have all the remaining Study Drug, compounds, materials and equipment been sent back to the Sponsor (if any)?

Yes No

Are all expenses posted and have invoices been sent to the Sponsor?

Yes No

New End Date: _____

PTA Set Up Contact:

Name: _____

Email Address: _____

Phone Number: _____

**** Please attach correspondence with Sponsor regarding termination. Email form and correspondence to RMG_CT_Intake@stanford.edu**