



## 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? **(Correspondence with Sponsor required. Please send.)**

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](mailto:RMG_CT_Intake@stanford.edu)**