

Protocol Termination Report Form

Title of Research Project (in Thai).....

Title of Research Project (in English).....

Research Project Code.....

Name of Principal Investigator.....

Current Status An academic member of University of the Thai Chamber of Commerce

A student at University of the Thai Chamber of Commerce

An outsider

Position Lecture; specify the academic position.....

Staff; specify the position.....

Student Bachelor’s degree Master’s degree Ph.D.

School/Office.....

Currently funded by.....

Date of Protocol Approval..... Date of Protocol Termination.....

Reason(s) of protocol termination.....

The total number of participants.....

Number of participants still being researched.....

Has the participant’s physical and mental health been affected by the research? How is the participant’s physical and mental health now?

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If the participant’s physical and mental health has been affected by the research, the continuing care plans for participants after the protocol termination are

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Is there any adverse event that has not been reported to the Committee?

No.

Yes. The attached documentation is as follows:

1) Protocol Deviation or Non-compliance Report Form

2) Adverse Event Report Form

Signature.....

(.....)

Principal Investigator

Date...../...../.....

Signature.....

(.....)

Dean/Head/Advisor

Date...../...../.....