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KNH-UoN ERC STUDY CLOSURE APPLICATION FORM

Title of the research: _____

Name of Principal Investigator: _____

Institutional Affiliation: _____

Department: _____

Phone Number: _____ Email Address: _____

Protocol Ref No. _____

Date of First Research Approval: _____

Date of Current Research Approval: _____

Type of Closure Request: _____

Reason for Closure: _____

Research Data and Document Archiving plans: _____

Plans for Post-Research care for Participant: *(if applicable)* _____

Information Dissemination plan: _____

Form Completed by: Name: _____

Designation in the study: _____

Signature: _____ Date: _____

Form Certified by: Name: _____

Designation in the study: _____

Signature: _____ Date: _____

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Received by: Name: _____
Date: _____

Review outcome: Approve
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Provide more details: _____

Signature: _____ Date: _____

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