

Research Termination Form

Please fill out all information for the record that you need changes to be made to.

Study Information

This entire section needs to be filled out

IRB Approval #: _____

(Format must be RSRB000_-----)

Department:

- AIR
- Anesthesiology
- Cancer Center
- Cardiology
- Dermatology
- Family Medicine
- Gastroenterology
- Infectious Disease
- Nephrology
- Neurology
- Neurosurgery
- OBGYN
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Pathology
- Pediatrics
- Psychiatry
- Pulmonary
- Radiation Oncology
- Surgery
- Urology

Epic Study Code: _____

Sponsor: _____

I confirm that the study documented above is closed to accrual. There are no further new enrollments and/or patients participating actively in the study. If there is a long term follow up associated with this study, I confirm that all patients have been marked appropriately.

Principal Investigator (Signature)

Principal Investigator (Print)

Please email the completed form to RCO@ur.rochester.edu