

End of experiment notification form



Commission d'éthique hospitalo-facultaire

Date d'application : 01/08/2019

Protocol:	
Title:	
Reference number CEHF :	
Name of principal investigator:	
Date of approval: by Ethics Committee	, designated as leading EC.
The experiment is terminated in St Luc:	🗆 YES 🔅 NO
Please select: 🛛 close-out visit	🗆 LPLV (last patient last visit)
Please mention the date:	
The experiment is terminated in all centres in Belgium:	: 🗆 YES 🗌 NO
Please mention the date:	
The experiment is terminated in all centres worldwide:	: 🗆 YES 🗌 NO
Please mention the date:	
The experiment is terminated because of	
\Box adverse events (please specify):	
\Box other (please specify)	
☐ limited number of recruited patients	
\Box according to the study design	
Date :	
Name of principal investigator :	
Name of principal investigator :	

Signature of principal investigator :

Please Note:

Should any inconsistency or discrepancy occur between the French and the English version of this document, the French version shall prevail.