*This is a controlled format to ensure uniformity of reports .The actual clinical trial report shall be completed on your official company or institution letter head or official paper.*

Date…………………………………..

The Executive Secretary

National Drug Authority

REPORT OF TERMINATED CLINICAL TRIAL

Title and number of clinical trial protocol …………………………………….

Reference or registration number of Authority …………………………………

The following is a summary of the (title of clinical trial)……………..trial conducted in …………………………………(insert name of institution):

First subject in: …………………………………………………. (insert date)

Last subject in: ……………………………………………………. (insert date)

Last subject out: …………………………………………………. (insert date)

Number of subject screened: ………………………………………………….

Number of subjects randomized: ………………………………………………

Number of subjects discontinued: ……………………………………………..