

## 009-FORM-HREC STUDY COMMENCED DISCONTINUED OR WITHDRAWN FORM

Please fax or email completed form to:  
 Fax: 02 9690 1321  
 Email: [ranzco@ranzco.edu](mailto:ranzco@ranzco.edu)

Protocol title:			
Principal Investigator:			
RANZCO HREC reference number:		Protocol version:	
Date of study approval:	__/__/__	Date of report:	__/__/__
Study has:			
<input type="checkbox"/>	Commenced	Date	__/__/__
<input type="checkbox"/>	Discontinued	Date	__/__/__
<input type="checkbox"/>	Withdrawn	Date	__/__/__
If the study is inactive, is discontinued or withdrawn. Please state reasons:			

Signature of person submitting report:		Date:	__/__/__
Name:		Fax:	
Telephone:		Email:	

Acknowledged by RANZCO HREC: \_\_\_\_\_ Meeting date: \_\_\_\_\_

The Royal Australian and New Zealand College of Ophthalmologists			Version:	1.1
Authorised:	DCO: <i>Monica Nation</i>	Date: 09/04/2018	Doc #	009-FORM-HREC
Unless signed and dated by the College Manager, this document is uncontrolled at the time of printing.			Date:	4 APRIL 2018
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