



**TECHNICAL UNIVERSITY OF MOMBASA**  
**Office of the TUM Ethical Review Committee**  
NACOSTI/NBC/AC/02919

TUM SERC 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: \_\_\_\_\_



TUM is ISO 9001:2015 Certified

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Form Certified by: Name: \_\_\_\_\_

Designation in the study: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For official use only

Received by: Name: \_\_\_\_\_

Date: \_\_\_\_\_

Review outcome:  Approve  Rejected

Provide more details: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary TUM SERC

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair TUM SERC



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