**Abandoned Clinical Trial Notification Form**

**Please complete this form to the best of your ability if you have a clinical trial that has been abandoned or cancelled by the Sponsor or UAHS/Banner.**

**Please attach sponsor acknowledgment of study not proceeding with this form and distribute it to the following email address:**

**ctfinance@arizona.edu**

**Sponsored Projects Services will use this form and documentation to establish a financial account to accept associated startup cost revenue.**

**Study Information**

**Sponsor:**

**Sponsor Contact Information:**

**Protocol ID:**

**Protocol Title:**

**Principal Investigator:**

**IRB # (if applicable):**

**UAccess Research Institutional Proposal #:**

**Decision**

|  |  |
| --- | --- |
| **Was this clinical trial abandoned/cancelled by the Sponsor, CRT, or UAHS/Banner?** | [ ]  Sponsor [ ]  UAHS[ ]  Banner |
| **When was the clinical trial abandoned/cancelled?** | Date:  |
| **Requested post-award start and end date for UAccess Financial account?** | Start Date:End Date: |
| **Please provide an explanation as to why the clinical trial has been abandoned/cancelled:** |  |

**Form Completed by: Date:**