# IDMC RECOMMENDATION form

**<STUDY TITLE>**

REC Reference:

EUDRACT No:

SPONSOR REF:

ClinicalTrials.gov identifier:

Protocol Version No:

Chief Investigator:

Sponsor:

**From**: <NAME> (IDMC Chairperson)

**To**: <NAME> (Sponsor Primary Contact i.e. Coordinator)

The Independent Data Monitoring Committee has reviewed the data summary dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (DD/MMM/YYYY).

Based on our review, we recommend:

 The study may continue without modification

 The study may continue with modifications (see report)

 The study should be discontinued (see report)

 More data are required for review (see report)

**Report:**

|  |
| --- |
|  |
|  |
|  |
|  |