# Study Completion Report

| QUESTIONS | MARK RESPONSE |
| --- | --- |
| Principal Investigator\* | Click to Enter Name |
| Co-Investigators | Click to Enter Name |
| Student Investigators | Click to Enter Name |
| Other Investigators | Click to Enter Name  |
| Institution\* | Click to Enter Name |
| Division\* | Click to Enter Name |
| Department\* | Click to Enter Name |
| Mailing Address\* | Click to Enter Address |
| Phone\* (Ext) | Click to Enter Phone & ext. |
| Email Address\* | Click to Enter Email  |
| Alternate Email Address\* | Enter Alternate Email  |
| Project Title\* | Click to Enter Title |
| Protocol Reference #\* | Click to Enter Protocol # |
| Original Approval Date\* | Click to Enter Original Approval Date |
| Previous Renewal Date (if applicable) | Click to Select Date |
| Date of completion of data collection and recruitment\* (and no further contact with study participants.) | Click to Select Date |

\*All Contact Information Must Be Completed, if appliable

Please answer the following questions:

| Status of Funding | MARK RESPONSE |
| --- | --- |
| Funding ongoing | YES: [ ]  NO: [ ]  |
| Agency | Click to Enter Name |
| Funding Start Date | Click to Select |
| Funding Year | Click To Select |
| Application pending | YES: [ ]  NO: [ ]  |
| Agency | Click to Enter Name |
| Unfunded | YES: [ ]  |

1. How many participants were proposed for the study? Enter Number
2. How many participants were enrolled? Enter Number
3. How many participants withdrew after enrollment? Enter Number
4. Please describe the circumstances. Enter Content Here
5. How many participants completed the study? Enter Number
6. Since receiving ethics approval, have any ethical concerns arisen or have any participants experienced adverse events as a result of this study? No: [ ]  Yes: [ ]

 (If yes complete and submit the Adverse Event form).

1. During the study, did any unforeseen circumstance arise? No: [ ]  Yes: [ ]  (If yes, please describe in detail): Enter Details Here
2. Please state reason for closing the study: Enter Closing Details
3. Will you contact any of the participants after submitting this report to the REB? No: [ ]  Yes: [ ]

My signature certifies that the above information is correct and that no additional protocols will be conducted without prior ethics approval. As per the original ethics approval, proper safeguards to security and confidentiality of data will be maintained until all data is destroyed.

PI Signature: 

PI Name: Enter Name

Date: Select Date