##

**TBRHSC Research Ethics Office Use Only**

To be reported to REB on:

Signature of Chair:

Date:

**Please complete, sign and submit this form to the** **[Research Ethics Office](#TBRHSC:  Mail to:  Research Ethics Office, TBRHSC, 980 Oliver Road, Thunder Bay,  ON   P7B 6V4)**

If you require any assistance, please contact: **TBR\_REO@tbh.net**

|  |  |  |  |
| --- | --- | --- | --- |
| **TBRHSC REB** #: |       | Current expiry date: |       |
| Principal Investigator: |       |
| Study Title: |       |

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| --- |
| **Study Final Status** |
|  | **Number of local study participants** (since study initiation) | **NOTE:** All participants need to be accounted for A = B + C + D + E + F+G+HExplanation if needed:       |
| A | Enrolled in Study |       |
| B | In active intervention phase of study |       |
| C | In follow-up phase of study |       |
| D | Completed study |       |
| E | Withdrew from study |       |
| F | Deceased |       |
| G | Lost-to-follow up  |       |
| H | Transferred |       |

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| 2. | **Number of local study participants** (since study initiation) | **All participants need to be accounted for**A = B + C + D + E + F + G + HComments, if needed:       |
|  | Enrolled in Study | A |       |
| In active intervention phase of study | B |       |
| In follow-up phase of study | C |       |
| Completed study | D |       |
| Withdrew from study | E |       |
| Deceased  | F |       |
| Lost-to-follow up | G |       |
|  | Transferred | H |       |

| **Reason for Study Closure** |
| --- |
|  |  | Check box (√) |
| a. | Enrollment and protocol completed. | [ ]  |
| b. | No recruitment at TBRHSC, and study closed to recruitment.  | [ ]  |
| c. | Study was not funded to include TBRHSC | [ ]  |
| d. | Principal Investigator left Institution | [ ]  |
| e. | Procedure/drug/intervention now approved | [ ]  |
| f. | Study closed due to adverse events | [ ]  |
| g. | Other: *please give details*      |

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| --- | --- | --- | --- |
|  |  | **No** |  |
| a. | Has interim/final analysis been completed?If yes please attach copy. | [ ]  | [ ]  | [ ]  |
| b. | Have any presentation(s) been planned or given based on this study?If yes please attach copy. | [ ]  | [ ]  | [ ]  |
| c. | Have any papers/reports been submitted or published based on this study? If yes please attach copy. | [ ]  | [ ]  | [ ]  |
|  |
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| --- | --- |
| Principal Investigator’s Signature:*(sign final hard copy after printing)* |  |
| Print Name:  |       |
| Date: [month day, year ]  |       |