## 

**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**](mailto:TBR_REO@tbh.net)

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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+H  Explanation 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 |  |

| **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* | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dissemination of Research Results | | **Yes** | **No** | **Attached** |
| 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 ] |  |