# Appendix D

# Study Completion Report

| QUESTIONS | YOUR ANSWERS |
| --- | --- |
| Principal Investigator(s) name\* | Click or tap here to enter text. |
| Co-Investigator (s) name | Click or tap here to enter text. |
| Other investigators | Click or tap here to enter text. |
| Institution\* | Click or tap here to enter text. |
| Department\* | Click or tap here to enter text. |
| Mailing Address\* | Click or tap here to enter text. |
| Phone\* | Click or tap here to enter text. |
| Email Address\* | Click or tap here to enter text. |
| Alternate Email Address\* | Click or tap here to enter text. |
| Project Title\* | Click or tap here to enter text. |
| Protocol Reference #\* | Click or tap here to enter text. |
| Original Approval Date\* | Click or tap to enter a date. |
| Previous Renewal Date (if applicable) | Click or tap to enter a date. |
| Study Completion / Closer Date (date REB protocol closes) | Click or tap to enter a date. |

\*All Contact Information Must Be Completed

Please answer the following questions:

1. How many participants were proposed for the study? **Click or tap here to enter text.**
2. How many participants were enrolled? **Click or tap here to enter text.**
3. How many participants withdrew after enrollment?**Click or tap here to enter text.**
4. Please describe circumstances. **Click or tap here to enter text.**
5. How many participants completed the study? **Click or tap here to enter text.**
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)
7. During the study, did any unforeseen circumstance arise? No:  Yes: (If yes, please describe in detail): **Click or tap here to enter text.**
8. Please state reason for closing the study: **Click or tap here to enter text.**
9. Will you be contacting any of the participants after submitting this report to the REB? Yes:  No:

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.

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Name: **Click or tap here to enter text.**

Date: **Click or tap to enter a date.**