

**REVIEW ETHICS BOARD:**

STUDY COMPLETION REPORT



**SECTION A: TIMELINES, STUDY TITLE, CONTACT INFORMATION ETC.**

**A1. TIMELINES**

| REB File No.:        | REB Approval Date:  |
| --- | --- |
| Original Completion Date:       | Actual Completion Date:       |

**TITLE OF RESEARCH PROJECT**

|  |
| --- |

**A2. PRINCIPAL INVESTIGATOR:**

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

**A3. CO-INVESTIGATOR, FACULTY SUPERVISOR, FACULTY SPONSOR (VISITING RESEARCHER):**

☐ NOT APPLICABLE

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

**A4. ALTERNATE CONTACT(S)**: (e.g., Research Coordinator) ☐ NOT APPLICABLE

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

**SECTION B: STUDY OVERVIEW**

**B1.** How many research participants/informants took part in the study?

**B2.** How many research participants/informants completed the study?

**B3.** Did any research participants/informants withdraw from the study? **☐ NO ☐ YES**

**IF YES,** describe the general circumstances for any withdrawals.

|       |
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**B4.** Over the course of the study were there any adverse/unanticipated events? **☐ NO ☐ YES**

(\*If YES, submit an **Adverse/Unanticipated Event Report**)

**B5.** What is the rationale for the completion of the study, (i.e., completed as expected, insufficient participants, etc.)

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**B6.** How will study-related documents, recordings, etc. be stored securely and for how long? If to be ultimately destroyed, when and how will this occur?

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**SECTION C: SIGNATURES**

I CERTIFY, that the information provided in this form is complete and correct.

| PRINCIPAL INVESTIGATOR:        | Date:       |
| --- | --- |
| PRINCIPAL INVESTIGATOR:        | Date:       |

| CO-INVESTIGATOR:        | Date:       |
| --- | --- |
| CO-INVESTIGATOR:        | Date:       |
| CO-INVESTIGATOR:        | Date:       |
| FACULTY SUPERVISOR:        | Date:       |
| FACULTY SPONSOR:        | Date:       |

**\*\* IF** principal investigator is a **STUDENT,** their academic advisor **MUST** sign, indicating that they have reviewed the submission.

| ACADEMIC ADVISOR:        | Date:       |
| --- | --- |
| ACADEMIC ADVISOR:        | Date:       |

\*\* Email copy of this submission including relevant appendices to: **ethics@algomau.ca**