

**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**

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**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**](mailto:ethicsoffice@algomau.ca)