|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Please note if your study is on-going please fill out the [Annual Renewal Form](http://www.sfu.ca/ore/ethics-forms---templates.html)  Please type in your responses and send the copy by email to [dore@sfu.ca](mailto:dore@sfu.ca) | | | | | | | | | |
| **Section 1** | | | | | | | | | |
| Title of Research Study: | | Click here to enter text. | | | | | | | |
| Principal Investigator: | | Click here to enter text. | | Study Number: | | 20xxsxxxx | | | |
| Supervisor:  (If Graduate Student) | | Click here to enter text. | | SFU Position: | | [i.e., Faculty, Graduate Student, Postdoctoral Fellow] | | | |
| Department/Faculty: | | Click here to enter text. | | Today’s Date: | | Click here to enter date. | | | |
| Associated Grant: | | [i.e., NSERC, SSHRC, CIHR, etc.] | | | | | | | |
| **Does your funding body/agency require any additional activities from this study?** (i.e., reporting requirements, requirements to keep the study open, long term maintenance of data) | | | | | | | **Yes  No** | | |
| **Is this a *harmonized* study? Please** [**click here**](http://bcethics.ca/) **for more on the BC Ethics Harmonization Initiative (BCEHI).**  \*If **no**, please complete the remainder of this form. If yes, then you are not required to fill out this form. Instead, please submit study closure documentation from the Research Ethics *Board of Record* to ORE. | | | | | | | **Yes  No** | | |
| **Section 2** | | | | | | | | | |
| **Was your study a clinical trial?**  **\*** If **no**, please skip to Section 3 | | | | | | | **Yes  No** | | |
| **Please enter the date of the study monitor's final visit or notice, if applicable.**  \*If **not applicable**, please enter "not applicable" | | | | | | | Click here to enter date. | | |
| **Number of participant withdrawals:** | | | | | | | | | |
| [Please provide reason for withdrawals] | | | | | | | | | |
| **Section 3** | | | | | | | | | |
| **Please provide the reason for the completion of this study:** | | | | | | | | | |
| Study ran its course as expected and data collection is complete  Study ended early (please explain in space below)  No enrollment at this site/insufficient accrual  Withdrawn by investigator  Withdrawn by sponsor  Withdrawn by regulator/funding body  Study was not funded  Other (please specify in space below) | | | | | | | | | |
| [Click here to provide additional information] | | | | | | | | | |
| **Section 4** | | | | | | | | | |
| **Confirm if participant data collection has been completed.**  **\***If **no**, please submit an “[**Annual Renewal Form**](http://www.sfu.ca/ore/ethics-forms---templates.html)” to the ORE | | | | | | | **Yes  No** | | |
| **Enter the number of research participants currently enrolled in this study at SFU**  **Enter the number of research participants currently enrolled in this study at other institutions\***  \*If no participants are enrolled at other institutions**,** mark **not applicable**  **How many research participants were originally proposed for the study?** | | | | | | | | | |
| **Section 5** | | | | | | | | | |
| **Have all adverse events been reported to the SFU REB using the** [**Unanticipated Problem Form**](http://www.sfu.ca/ore/ethics-forms---templates.html)**?**  **\*** If **not applicable**, please skip to Section 6 | | | | | | | **Yes**  **No**  **Not applicable** | | |
| **Provide number of serious and unexpected adverse events** | | | | | | | | | |
| **If these events have not been reported to the SFU REB, please explain why in the space below** | | | | | | | | **Yes  No** | |
| [Please provide information if adverse event was not reported] | | | | | | | | | |
| **Please explain the nature of these events:** | | | | | | | | | |
| [Click here to add description of adverse events] | | | | | | | | | |
| **Section 6** | | | | | | | | | |
| **Have all** [**Amendments**](http://www.sfu.ca/ore/ResearchEthicsApprovals/AmendmentInformation.html) **from the REB approved protocol been reported?**  \*If **no**, please explain in the space below | | | | | | | **Yes  No**  **Not applicable** | | |
| [Click here to provide further explanation] | | | | | | | | | |
| **Have all changes or deviations from the REB approved protocol been reported to the SFU REB using the** [**Unanticipated Problem Form?**](http://www.sfu.ca/ore/ethics-forms---templates.html)  \*If **no**, please explain in the space below | | | | | | | | **Yes  No**  **Not applicable** | |
| [Click here to provide further explanation] | | | | | | | | | |
| **Have all letters of support, approval or permission letters, etc. associated with this study been submitted to the SFU REB? If not, please include them when you submit this completed form.** | | | | | | | | | **Yes  No**  **Not applicable** |
| **Provide a detailed description of the outcome /results of the research or please provide an attachment:** | | | | | | | | | |
| [Click here to provide detailed description: 200 words max.] | | | | | | | | | |
| **Please note: Once the Completion of Study Form is reviewed, the REB will issue an Acknowledgement and the study will automatically be listed as “closed”. The ONLY activity available from that point on is a Request for Acknowledgement if needed. The study cannot be amended or reactivated. Retain a copy of this document for your study records.** | | | | | | | | | |
| Reviewed By: | Click here to enter text. | | Date: | | Click here to enter text. | | | | |
| Last Updated By: | Click here to enter text. | | Date/Time: | | Click here to enter text. | | | | |