****

**REVIEW ETHICS BOARD:**

STUDY COMPLETION REPORT

**NOTE:** When completing form, if question is **NOT APPLICABLE** enter ‘**N/A’** into appropriate field.

**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.

|  |
| --- |
|  |

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.)

|  |
| --- |
|  |

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?

|  |
| --- |
|  |

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