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**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.

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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: **ethicsoffice@algomau.ca**