

**Final Study Closure Report**

**Section I: Study Identification:**

Date of Application (yyyy-Mmm-dd):       REB #:

Study Title:

Sponsor Name:

**Section II: PI Contact Information:**

Principal Investigator Name:

Department:

Contact Information: Phone:       E-mail:

**Section III: Study Details:**

1) Study Completion Date (yyyy-Mmm-dd):

2) Did this study terminate early/premature? Yes [ ]  No [ ]

3) Please provide a reason for the termination of the study. If it is an early termination please indicate this and provide a reason:

4) Please provide a summary of the study (attach a final report if available):

5) Is a copy of the final report attached? Yes [ ]  No [ ]

6) Was deception involved in the study? Yes [ ]  No [ ]

If yes, please confirm that this was communicated to subjects. Yes [ ]  No [ ]

7) Have there been any publications of this research? Yes [ ]  No [ ]

*If yes, please attach a copy of the publication.*

8) Will a copy of the study summary results be provided to subjects? Yes [ ]  No [ ]

9) Study Enrollment Information:

|  |  |
| --- | --- |
|       | Original # of study subject planned |
|       | # Enrolled |
|       | # Completed the study |
|       | # Male who completed the study |
|       | # Female who completed the study |
|       | # Prematurely withdrawn |
|       | # included in a retrospective chart review (only applicable to retrospective chart review studies) |

10) Were there any problems/complaints in the study that affected the participants or others?

Yes [ ]  No [ ]

If yes, please explain:

11) If a clinical trial, has the final closeout visit with the sponsor occurred?

Yes [ ]  No [ ]

12) Name of Person Completing this Form:

Contact Information: Phone:       E-mail:

**Section IV: Signature of Principal Investigator (PI):**

I confirm that all study-related activity is complete (including discontinuing any advertisement) and request that the REB officially close the file for this study. All the above information is correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Principal Investigator Date (yyyy/Mmm/dd)

**SUBMIT COMPLETED FORM TO:**

Glenn A. Robitaille, M.Div., D.Min., RP

Chair, Research Ethics Board

Waypoint Centre for Mental Health Care

500 Church Street,

Penetanguishene, ON L9M 1G3

Email: grobitaille@waypointcentre.ca

Phone: 705-549-3181, Ext. 2216