**RESEARCH COMPLETION FORM**

The Lakeridge Health Research Ethics Board (REB) exists to ensure that all research involving human participants conducted at LH meets the highest ethical and acceptable scientific and safety standards. These guidelines are in compliance with the requirements for continuing ethical review as set out in the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans Version 2 (TCPS),* the *International Conference on Harmonization Good Clinical Practice (ICH/GCP)*, and *Part C, Division 5 of the Food and Drug Regulations of Health Canada.*

Please submit this form to the REB when participant enrollment for the study has closed, but follow-up activities are ongoing, or when the study has concluded or been terminated i.e., studies that no longer require data collection, post-intervention follow-up, or data analysis.

|  |  |  |
| --- | --- | --- |
| **REB No.:** | **Contact Person:** | **Submission Date:** *(dd-mmm-yyyy)* |
|  |  |  |
| **Full Study Title:**  |
|  |
| **LH Principal Investigator:** | **Email:** |
|  |  |
| **Start Date:** *(dd-mmm-yyyy)* | **Closure Date:** *(dd-mmm-yyyy)* |
|  |  |

**PLEASE CHECK ONE:**

|  |  |
| --- | --- |
| [ ]  Completed as scheduled | [ ]  Premature termination of study due to: |
|  | [ ]  | No Subjects |
| [ ]  | Adverse Event(s) |
| [ ]  | Other (*please specify*): |  |

|  |  |
| --- | --- |
| **Summary of Study Participation at Lakeridge Health** | **No. of Participants** |
| *Number of participants originally planned to enroll in the study* |  |
| 1 | Number of participants withdrew consent |  |
| 2 | Number of participants transferred to another site |  |
| 3 | Number of participants screen failed |  |
| 4 | Number of participants expired prior to completing intervention/observation |  |
| 5 | Number of participants/chart reviews completed study |  |
| 6 | **Total number of participants enrolled in study:***(lines 1-5 should total 6)* |  |

|  |  |
| --- | --- |
| Is there Intent to publish? [ ]  Yes [ ]  No [ ]  Unknown | Is there Intent to present? [ ]  Yes [ ]  No [ ]  Unknown |

**SUMMARY OF CONCLUSIONS**: *Attach a copy of the final report, if available*.

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**Principal Investigator Declaration:** I confirm that throughout the course of the study, I have reviewed and reported any adverse events and/or any revisions to the study protocol, consent form, impact on Lakeridge Health programs and privacy breach to the Research Ethics Board in a timely fashion.

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|  |  |  |
| Print Name | Signature of Principal Investigator or Designate | Date *(dd-mmm-yyyy)* |