**EXTERNAL RESEARCH RECRUITMENT CLOSURE FORM**

The intent of this form is to update Lakeridge Health research department on the progress of the study. This Study Closure Form is to be submitted to the REB Coordinator for all studies that are closed to recruitment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REB No.:** |  | Submission Date *(dd-mmm-yyyy)*: | | |  |
| **Study Title:** |  | | | | |
| **External PI:** |  | | **Email:** |  | |
| **LH Contact Person:** |  | | **Email:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date:**  (dd-mmm-yyyy) |  | **Completion Date:**  (dd-mmm-yyyy) |  |

**Principal Investigator Declaration:**

I confirm that all recruitment documents have been removed and LH study contact has been notified of the closure.

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