|  |  |
| --- | --- |
| Original ETHICS Approval Date |  |
| PRINCIPAL INVESTIGATOR |  |
| **PROJECT TITLE** |  |
| **I confirm that this study is now complete and request that the RERC file on this study be closed.** |
| **Signature of Principal Investigator (electronic signature is accepted):** | Date: |

|  |  |  |
| --- | --- | --- |
| 1 | Please respond for **YOUR LOCAL SITE ONLY.**How many participants… | FOR ENTIRE STUDY PERIOD |
|  |  | participated in the study? |  |
|  |  | had a known adverse impact beyond the description on the original ethics application? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Have all local adverse events been reported to the RERC? *(N.B. study may not be closed until this is complete)* | YES |  |
| NO  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3 | Data collection related (If 3a and/or 3b is checked, please submit a notification for revisions or additions to an approved protocol form along with an updated non-medical research RERC submission form): |  |  |
|  |  | Have all data been collected? *(N.B. study may not be closed until this is complete)* | YES |  |
| NO |  |
|  |  | Has all contact with study participants for purposes of the research concluded? *(N.B. study may not be closed until this is complete)* | YES |  |
| NO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | **FOR MULTI-CENTRE STUDIES** | Not Applicable |  |
| Has the entire study closed?*(Local site may be closed if there are no further implications to local participants even though study continues in other sites.)* | YES |  |
| NO  |  |
| Don’t know |  |
|  | If NO, indicate when this is expected to take place. |