

Study Completion Form Research Ethics Board (REB)

All Research Projects require a Study Completion Form on or before the expiry date noted on the Approval Letter. Once this form has been processed, your file will be closed and no additional procedures or data collection may take place.

If you require an alternate set-up of this form or have questions contact reb@durhamcollege.ca

Section 1: Principal Investigator Information		
REB F	File #:	Name:
Project Title:		
Email:		
Section	on 2a: Research Project D)ates
Original Approval Date:		
Completion Date of Research:		
	on 2b: Research Project In How many Research Parti	cipants were proposed for the study?
2.	How many Research Partic	ipants completed the study?
3.	How many Research Parti	cipants withdrew from the study?
	Referring to Question 3, if words or less.	participants withdrew, explain circumstances in 250

Section 3: Unanticipated Issues

1. Have any Research Participants experienced any unanticipated issues (psychological/social/physical harm)?

Yes No

2. Have any ethical concerns arisen while conducting this research?

Yes No

3. Since the original approval was granted, have there been any unidentified risks or benefits to participants?

Yes No

If you answered YES to any of the above questions, provide details in 250 words or less.

Section 4: Measures to Safeguard Research Information

Please provide specific details in 250 words or less as to the disposal of data collection in this project (records, video, audio, data, etc.) and/or the specific time frame for record retention. Also describe how the data will be destroyed (shredded, deleted, etc.)

Section 5: Signatures

I certify that the information provided in this Study Completion Form is complete and accurate.

I understand that after completion of this form, no additional procedures or data collection will be conducted.

I have complied with the Tri-Council Policy Statement and Durham College's policies and procedures governing the protection of human participants in research.

Signature of Principal Investigator

Date:

Signature of Faculty Supervisor (if applicable)

Date:

Instructions for researcher:

Please submit **ONE Signed softcopy** of this form along with all attachments to reb@durhamcollege.ca.