

Please contact reb@durhamcollege.ca if you require assistance to complete this form.

For office use only:

Date Received:

REB File #:

Purpose

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.

Section 1: Principal Investigator Information

First Name:

Last Name:

Project Title:

Email:

Section 2a: Research Project Dates

Original Approval Date:

Completion Date of Research:

Section 2b: Research Project Information

1. How many Research Participants were proposed for the study?
2. How many Research Participants completed the study?
3. How many Research Participants withdrew from the study?

Referring to Question 3, if participants withdrew, explain the circumstances in 250 words or less.

Section 3: Unanticipated Issues

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

2. Have any ethical concerns arisen while conducting this research?
3. Since the original approval was granted, have there been any unidentified risks or benefits to participants?

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 as to the disposal of all data collection in this project (records, video, audio, data, etc.) and/or the specific time frame for record retention. Also describe how all data will be destroyed (shredded, deleted, etc.). If data is being retained, describe how and where it will be securely stored.

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.

Principal Investigator:	
Signature:	
Faculty Supervisor (if applicable):	
Signature:	

Instructions for researcher:

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

Notice of Collection: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for research ethics study completion. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.