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As stipulated in Article 6.14 of the [Tri-Council Policy Statement (TCPS 2)](http://pre.ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html), researchers must provide and end-of- study report for projects that have been approved by the Research Ethics Board (REB). The REB must therefore receive the information requested in this form in order to **close** all REB-approved files**.**

|  |  |
| --- | --- |
| **Name of Principal Investigator (or Supervisor)**  **(Note:** if this is a student project, indicate your supervisor’s name**)** | |
| **Name**: | |
| Faculty: | E-mail: |
| Department/School: | Phone: |
|  | |
| **Research Team Information and students (4th year, Master’s or Doctoral levels)**  **(Note:** please add a separate sheet if the research team includes more than two members**)** | |
| **Name:** | |
| **Role in the project:**  Co-principal investigator  Research coordinator  Supervisor  Co-supervisor  Co-investigator  Collaborator  Researcher assistant  Other: | |
| Faculty: | E-mail: |
| Department/School: | Phone: |
| **Name:** | |
| **Role in the project:**  Co-principal investigator  Research coordinator  Supervisor  Co-supervisor  Co-investigator  Collaborator  Researcher assistant  Other: | |
| Faculty: | E-mail: |
| Department/School: | Phone: |

|  |
| --- |
| **Has any team member left or been added to the research team?**  Yes  No  If **YES**, please provide their name, their role in the project and their contact information (for a new member of the research team). |

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| **Preferred language of correspondence:**   French  English |

|  |
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| **Project Information** |
| Ethics File number: |
| Research Project title: |
| Initial date of approval: Click or tap to enter a date. |
| Dates of prior renewal(s) (if applicable): |
| Did you receive funding for this project?  Yes  No  Pending  If **YES**, name of funding agency: |

|  |  |  |
| --- | --- | --- |
| 1. **Study end date:** | | |
| 1. **Please confirm the following:** | | |
| 1. You no longer have access to the original data | Yes | No |
| 1. You are no longer analyzing the data | Yes | No |
| 1. There have been no changes to the persons with access to the data | Yes | No |
| 1. There have been no changes in location of the stored data | Yes | No |
| 1. There were no adverse events or other problems with the study which could negatively impact participants | Yes | No |
| If you have answered **YES**to all these questions, your file **will be closed**.  If you have answered **NO**to any of the questions, **please provide details** and/or attachments. | | |

**Attestation**

I agree to abide by the ethical guidelines and procedures of Saint Paul University Research Ethics Boards, of the [*Tri-Council Policy Statement (TCPS 2)*](http://pre.ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html), of my profession or discipline, as well as of the institution in which the research is undertaken. I am aware of my responsibility to be familiar with these standards.

Signature:       Date: Click or tap to enter a date.

Printed Name:

Signature:       Date: Click or tap to enter a date.

Printed Name:

Signature:       Date: Click or tap to enter a date.

Printed Name:

**Submit to:**

Research Office and Ethics

Saint Paul University (Guigues Hall)

223 Main Street, Room 166

Ottawa, Ontario  
K1S 1C4

Email: [mkouachi@ustpaul.ca](mailto:mkouachi@ustpaul.ca)

Phone: (613) 236-1393 ext. 2323