

**FINAL REPORT**

**Research Project**

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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 a final 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.

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| **Name of Principal Investigator (or Supervisor):**  **(Note:** If this is a student project, indicate your supervisor’s name**)** | |
| **Name**: | |
| Faculty: | Email: |
| Dep. / School: | Tel.: |
|  | |
| **Équipe de recherche et étudiants (4e année, maîtrise ou doctorat)**  **(Note:** veuillez ajouter une feuille séparée si l’équipe de recherche comprend plus que deux membres) | |
| **Name**: | |
| Faculty: | Email: |
| Dep. / School: | Tel.: |
| **Name**: | |
| Faculty: | Email: |
| Dep. / School: | Tel.: |
| **Name**: | |
| Faculty: | Email: |
| Dep. / School: | Tel.: |

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

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| **Ethics File Number** : | |
| **Title of Research Project**: | |
| **Initial Date of Approval**: | |
| **Date of Renewal(s) (if applicable)**: | |
| **Did you receive Funding?**  Yes  No  If **YES**, name of funding agency: | |
| 1. **Date of study termination**: | |
| 1. **Have there been any unanticipated issues / events involving participants in your project (legal, physical, psychological, social or other)?**   Oui  Non  If **YES**, please complete the form **‘’Unanticipated Issues/Adverse Events report’’**. | |
| 1. **Have there been any modifications to the following research components that have not yet been approved by the REB?** | |
| **a) Research tools, documents (e.g., recruitment text, consent form, etc.), design or methodology** | Yes  No |
| **b) Projected number of participants** | Yes  No |
| **c) Confidentiality of the data** | Yes  No |
| **d) Persons with access to the data** | Yes  No |
| **e) Location of the stored data** | Yes  No |
| **f) Duration of the data conservation period** | Yes  No |
| If you have answered **YES** to any of these questions, a request for **Modification to Research Project** form must be completed and submitted to the Ethics Office.  **N.B.**: During the course of the study, any modifications to the protocol may not be initiated without prior approval from the REB.  If you answered **NO**, your file **will be closed**. | |

**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