\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 [ ]  NoIf **YES**, please provide their name, their role in the project and their contact information (for a new member of the research team).      |

|  |
| --- |
| **Preferred language of correspondence:**  [ ]  French [ ]  English |

|  |
| --- |
| **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 [ ]  PendingIf **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

Phone: (613) 236-1393 ext. 2323