SRHC Research Ethics Board (REB)

**STUDY CLOSURE FORM**

**INSTRUCTIONS**

* The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and the principles of Good Clinical Practices, as described by the International Conference on Harmonization, require a final report for the closure/termination of research studies. This is achieved by the completion of this Study Closure Form
* This form may be used to close, terminate, or withdraw a study from further SRHC REB review. This form should be submitted when there is no further participant involvement and all data collection, clarification, and transfer is complete (including all access to the study participant’s medical record). Submission of this form indicates that these activities have ceased, the study does not require continuing ethics approval, and that the SRHC REB study file can be closed
* **All sections** of this form **MUST** be completed before it will be considered for REB review. Incomplete submissions will be returned to the Principal Investigator and/or Study Coordinator for completion

**SUBMISSION PROCEDURE**

* Please submit your completed application to REBSubmissions@southlakeregional.org

**SECTION A: STUDY INFORMATION**

|  |
| --- |
| Full Study Title: Click here.  |
| Abbreviated Study Title (max. 10 words): Click here. | Study Sponsor:Click here.  | Protocol # Click here. |
| Principal/Qualified Investigator Name: Click here. | [ ]  Regulated Clinical Trial (e.g. Health Canada, FDA)[ ]  Minimal Risk Research |
| SRHC Project #: Click here.  | Start Date: Click to enter a date. |
| Name of Primary Contact: Click here.  | Primary Contact Email: Click here.  |

**SECTION B: GENERAL STUDY INFORMATION**

1. Date study completed or terminated at your site: Click or tap to enter a date.
2. Was this study completed or terminated prematurely or never opened for enrollment (select each that apply)?

[ ]  Yes, this study was never opened for enrollment

[ ]  Yes, this study was terminated prematurely

[ ]  No

If “Yes”, please provide reasoning (max. 200 words):

|  |
| --- |
| Click here to enter text.  |

1. Have all the study closeout procedures been completed at your site?

[ ]  Yes [ ]  No [ ]  N/A
2. Were there any participant complaints received by your site since the last REB study renewal date?

[ ]  Yes [ ]  No

If “Yes”, please provide details of each complaint (max. 200 words):

|  |
| --- |
| Click here to enter text.  |

1. Have reports of all formal inspections or audits been submitted for REB review?

☐Yes ☐ No ☐ N/A (none have taken place)

If “No”, please explain (max. 200 words)::

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| --- |
| Click here to enter text.  |

1. Please complete the following sections, as applicable:

|  |
| --- |
|  **For Retrospective Medical Chart Review Studies ONLY**: |
| How many medical charts were reviewed at your site? | Click here. |

|  |
| --- |
| **For All Other Studies** |
| **How many study participants at your site:** |
| Were consented? | Click here. |
| Were enrolled? | Click here. |
| Completed the study intervention and follow-up? | Click here. |
| Withdrew consent? | Click here. |
| Have been taken off the study prematurely (for example, by a local investigator or lead group/sponsor)? | Click here. |
| Have there been any Amendments and/or changes to the informed consent form(s) that the SRHC REB has not been previously notified of? If “No”, please explain: Click here to enter text.  | [ ]  Yes [ ]  No |
| Have there been any reportable events (e.g., unanticipated problems) that the SRHC REB has not been previously notified of?If “No”, please explain: Click here to enter text. | [ ]  Yes [ ]  No |
| In the opinion of the Principal/Qualified Investigator, is there a concern or trend in the reportable events that have occurred with study participants at your site?If “Yes”, please provide details and action(s) taken: Click here to enter text. | [ ]  Yes [ ]  No[ ]  N/A |

1. Has there been any change in the Conflicts of Interest information provided in the initial (original) REB application?

☐ Yes ☐ No

If “Yes”, please explain (max. 200 words):

|  |
| --- |
| Click here to enter text.  |

1. If desired, please provide any additional information relevant to the closure of this study:

|  |
| --- |
| Click here to enter text.  |

1. Person completing this form:

|  |  |  |
| --- | --- | --- |
| First and last name: Click here. |  | Institution: Click here. |
| Telephone: Click here. |  | Email: Click here. |

**SECTION C: INVESTIGATOR STATEMENT & SIGNATURE**

* I confirm that there is no further participant involvement and all data collection, clarification, and transfer is complete (including access to the study participant’s medical record)
* I certify that the study data will be retained and disseminated according to applicable guidelines and regulations
* I request that the SRHC REB study file be closed

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| Site Principal/Qualified Investigator | Signature | Date |