  

Behavioural Research Closure

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| Identification |
| 1.1 | BEH File number:      Expiry date:      Project Title       |
| 1.2 | Principal Investigator Full Name:      Mailing Address:      Email:      Phone:      Supervisor if a Student ProjectFull Name:       |
| 1.3 | Funder:       |
| PART 2: STATUS OF THE STUDY |
| 2.1 | Does this project require reporting to another Saskatchewan REB? [ ]  Yes [ ]  No If yes, specify where:       |
| 2.2 | **How many research participants were proposed for the study?****How many research participants were involved in the study?** **How many research participants have completed the study?****Have any research participants withdrawn from the study? [ ]  Yes [ ]  No** **If yes, please provide a reason for each withdrawal (e.g. voluntary withdrawal, withdrawn by the principal investigator):** |
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| 2.3 | **Since receiving original ethics approval, have any ethical concerns arisen?** **[ ]  Yes** **[ ]  No** If Yes, please describe concerns in detail:       |
| 2.4 | Provide a brief summary of study results (200-250 words).       |
| 2.5 | **Please explain why the study is being closed.** **[ ]  Data collection completed** **[ ]  Other (please specify)** |
| **PART 3: SIGNATURE OF PRINCIPAL INVESTIGATOR (or Supervisor for student projects)** |
| 3.0 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            Signature of Principal Investigator Printed Name of Principal Investigator Date (MM/DD/YY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            Signature of Supervisor if a student Project Printed Name Supervisor Date (MM/DD/YY) |