



For use only by Researchers
Final Report of an Approved Protocol

This Final Report is required in order to properly close the file.

Please complete and submit this form, including signatures to:

Karen Hewitt
Research Ethics Board Administrator
North Bay Regional Health Centre
50 College Drive, North Bay, ON, P1B 5A4
Tel: 705-474-8600 ext. 2508
(REBOffice@nbrhc.on.ca)

SECTION A: GENERAL INFORMATION:

Principal Investigator	Protocol File Number
Protocol Title	
Address	
Telephone Number	Email Address

SECTION B: STATUS OF PROJECT:

- This study is no longer active and ethics approval is no longer required.
Date Closed: _____
- This study is discontinued or withdrawn.

If yes, please explain why the research proposal was not completed
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SECTION C: PROJECT INFORMATION:

- Have any ethical issues arisen in the course of conducting this research? YES NO
- Have any research subjects experienced any adverse/unanticipated affect(s) as a result of participation in the study? YES NO
- Since the original ethics clearance was granted, have there been any new identified risks or benefits to participants? YES NO

If you answered **YES** to any of the questions above, please provide details and what procedures/safeguards were provided to address these concerns.

I certify that the information provided in this Final Report is complete and accurate. I have complied with the Tri-Council Policy Statement and the North Bay Regional Health Centre's policies and procedures governing the protection of human participants in research.

Signature of Principal Investigator: _____

Print Name: _____

Date: _____

For Administrative Use Only:

The closing report of this project has been reviewed and accepted.

Signature of Research Ethics Board Chair or Designate:

_____ Date: _____

Print Name: _____

Approval period from: _____ to: _____