

Please submit a typed signed hard copy of this form to the REB office

- A Study Completion Report is submitted when there is no further participant involvement and all data collection, clarification and transfer is complete (including access to the participants’ medical record).
- Submission of this report indicates that these activities have ceased, the study does not require continuing ethics approval, and the NYGH REB study file can be closed.

Date of this submission (dd/mmm/yyyy):	
NYGH REB #:	Multi -Site Study? YES <input type="checkbox"/> NO <input type="checkbox"/>
Study Title:	
Name of NYGH Investigator:	
Funding Source:	
Industry-Sponsored/Supported?* YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
Date of initial NYGH REB approval:	Current Approval Expiry Date:
Date study completed or terminated at NYGH	

1. Was this study terminated prematurely or never opened for enrollment?		
NO <input type="checkbox"/>	YES, study was never opened for enrollment <input type="checkbox"/>	YES, this study was terminated prematurely <input type="checkbox"/>
If YES, provide reasoning:		

2. Study Closure Summary:
All participant Recruitment at this site is complete
All participant Follow –Up at this site is complete
All analyses using identifiable or coded data are complete
Letters of appreciation to research participants have been sent
For industry sponsored studies, the sponsor has conducted a “close-out” visit
If you answered No to any of the above questions, the study should remain open. Please complete the annual renewal form instead or provide an explanation below.
Explanation:

8. Statement of NYGH Principal Investigator (PI).

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

Signature of NYGH Principal Investigator

Date (dd /mm/ yyyy)

Research Ethics Office Use Only:

NYGH REB #:

Date Submitted :

Date Reviewed:

Review Type: Expedited Review Full Board Review

Study Title:

Study Closure Requires revision and resubmission.

Following additional Information and /or revisions are required for REO review.

Study Closure Approved as submitted effective

Date (dd/mm/yyyy)

Chair, Research Ethics Board/ Designate

Date (dd/mm/yyyy)