RESEARCH ETHICS BOARD (REB) REPORTING

STUDY CLOSURE FORM

**All Yukon University REB approved research projects are valid for one year. As outlined in the Tri-Council Policy Statement (TCPS2), continuing research ethics review shall consist of minimally an annual status report for project renewal or an end of study report for project closure.**

**Instructions:**

1. Please complete this form electronically and submit as SINGLE document (.doc or .pdf) to [ethics@yukonu.ca](mailto:ethics@yukonu.ca)
2. Do not leave any question blank. If a question is not applicable to your proposal, please enter N/A in the response.

*\*Please note that your form will be returned to you for completion if all of the above criteria are not met.*

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| --- | --- |
| Applicant Information | |
| **REB Reference Number:** Click here to enter text. | |
| **Title of Study:** Click here to enter text. | |
| **Principal Investigator:** Click here to enter text. | |
| **Position at Yukon University:** Choose an item.  **If Adjunct or Other (list position and home institution):** Click here to enter text. | |
| **Faculty:** Click here to enter text. | **Department:** Click here to enter text. |
| **Email address:** Click here to enter text. | **Phone number:** Click here to enter text. |
| **Date of initial REB approval:** Click here to enter a date. | |
| **Date(s) of past renewals or amendments (if applicable):** Click here to enter a date. | |
| **Funding Source(s):**  Not applicable  Received from: Click here to enter text. | |
| STUDY cLOSURE | |
| **Why is this study being closed?** Choose an item.  If Other, please specify: Click here to enter text. | |
| **Was this study terminated early?** ☐ Yes ☐ No  **If yes, why was the study terminated early and describe how participants (if applicable) will be informed of the termination?**  Click here to enter text. | |
| **How many research participants were proposed for the study?**  Click here to enter text. | |
| **How many research participants were involved in the study?**  Click here to enter text. | |
| **If the number of participants involved in the study was different from the proposed number of participants, please explain.**  Click here to enter text. | |
| **Did any research participants withdraw from the study?**  Yes  No  **If Yes, how many participants withdrew and explain the circumstances**. Click here to enter text. | |
| **Were there been any unanticipated issues or events with the participation of humans in your project (legal, physical, psychological, social or other) that have not yet been reported to the REB?**  Yes  No  **If Yes, please explain what happened and what steps were taken to resolve the issue.**  Click here to enter text. | |
|  | |
| **Have there been any modifications to the study that have not yet been approved by the REB (e.g., projected numbers of participants, confidentiality of data, person with access to the data, location of stored data, location of data during the conservation period, etc.)**  Yes  No  **If Yes, please provide details of the modifications**.  Click here to enter text. | |
| ACCURACY OF INFORMATION | |
| By signing, I certify that I have read and understand [policy AR-03](https://www.yukoncollege.yk.ca/sites/default/files/inline-files/AR-03_Research_Ethics_Policy_-_October_2014_1.pdf) developed by Yukon University for ensuring ethical conduct in research and that I will comply fully with the letter and spirit of this policy, the [Tri-Council Policy Statement 2 (TCPS2](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/)) and any others that may apply. All the information included in this form is, to the best of my knowledge, true; and no necessary information has been knowingly omitted. I further acknowledge my responsibility to report any significant changes in the project, and to obtain written approval for those changes from the Research Ethics Board, prior to implementing those changes. I agree to report any unanticipated issue or event that may increase the level of risk to participants, or has other ethical implications that might affect participants’ welfare. | |

Click here to enter a date.

Signature of Principal Investigator Date