







Rural Research Network (RRN) Research Ethics Board (REB) Study Closure Form

Drafted by RRN REB based on Sunnybrook HSC REB Study Completion Report, and CTO Centre Study Closure form.

SECTION 1.0 - GENERAL INFORMATION	
1.0	Complete Study Title:
1.1	Study ID/Number (if applicable):
1.2	Principal Investigator:
SECTI	ON 2.0 – STUDY INFORMATION
2.0	Date of Initial REB Approval:
2.1	Was this study terminated prematurely OR never opened for enrollment?
2.2	How many participants: Were planned for enrollment: Were enrolled: Completed study treatment/intervention and follow-up: Withdrew consent: Were planned for inclusion in a chart review: Were included in a chart review:
2.3	Have all SAEs experienced been reported to the REB? Yes No
2.4	Is there a concern or trend in the SAEs that have occurred?
2.5	Have all significant protocol deviations/violations been reported to the REB? Yes No
2.6	Have any results from this research been published, submitted for publication or presented? Yes









If 'yes': Provide details and attach available publications/abstracts:

If 'no': Identify plans for dissemination of results or provide justification why results will not be disseminated:

2.7	Will participants be given the results of the study? Yes No If 'No': Provide reasoning:
2.8	If applicable, provide any further information relevant to the closure of this study:
SECTIO	N 3.0 – SUBMISSION DETAILS
3.0	Submitting Personnel Details: Name: Organization: Address: City: Province: Postal code: Telephone: Fax: Email:
transfe	Statement of Principal Investigator or Delegate m that there is no further participant involvement and all data collection, clarification and r is complete (including access to the participants' medical record). I certify that study data will ined according to applicable guidelines and regulations. I request that the WDMH REB study file ed.
	Name: Signature: Date: