SAINT MARY'S UNIVERSITY SINCE 1802 | RESEARCH ETHICS BOARD

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| FOR OFFICE USE ONLY |
| --- |
| SMU REB #: |
| DATE RECEIVED: |

# END OF STUDY REPORT

Form 5- Faculty/Student/Staff

Since one of the primary purpose of the REB is to protect human research participants, a research is deemed to be complete when involvement with and risk exposure to participants has ended. If you have indicated that you are no longer recruiting participants and your data collection is complete, your file will now be closed upon successful review of this request.

**Send request to ethics.continuingreview@smu.ca**

1) Requests involving student research must be submitted by the faculty supervisor;
2) Research ethics review requires the completion of all fields.

## 1.TYPE OF APPLICATION

SMU REB File #: Affiliation: Choose one Type of Research: Choose one

## 2. TITLE OF RESEARCH

***Important! If the research title is different for public release, please indicate. All active research studies are listed on the SMU REB website.***

3. Have there been any unreported changes to the study method, informed consent process or supporting documents since the most recent REB clearance? ◯ Yes ◯ No

If yes, submit a Request for Changes to Cleared Research (Form 2) together with this request. Changes require REB clearance.

*4. Original REB clearance period:* From: (dd/mmm/yyyy) To: (dd/mmm/yyyy)

*5. Last REB clearance period:* From: (dd/mmm/yyyy) To: (dd/mmm/yyyy)

## 6. RESEARCH COMPLETION DATE

(dd-mmm-yyyy)

## 7. FUNDING STATUS: All changes to funding must be reported to the REB throughout the lifecycle of the research. ☐ Unfunded

If the research was funded, answer all questions. The University Grants Officer requires all answers.

a) *Was the research funded in the last REB clearance period year?* ◯ Funded ◯ Unfunded

b) ☐ Tri-Council Agency: ☐ SSHRC ☐ NSERC ☐ CIHR

c) ☐ Internal (Specify):

d) ☐ Other (Specify):

e) Grant Number:

f) Grant Name

g) Funding Period: From: (dd-mmm-yyyy) To: (dd-mmm-yyyy)

## 8. CONTACTS

### FACULTY SUPERVISOR OR FACULTY/STAFF PRINCIPAL INVESTIGATOR

a) Role Choose one Name:

Phone #: Email:

### STUDENT PRINCIPAL INVESTIGATOR

b) Name:

Phone #: Email:

## 9. RESEARCH PROGRESS

a) ☐ Research was terminated prematurely ☐ Research was completed as planned

☐ Research was extended ☐ Other (Specify):

b) Number of participants initially planned to be recruited into the study: Number Recruited:

c) Number of participants completed the study: Date participation has ended: (dd-mmm-yyyy)

d) Number of participants voluntarily withdrawn from the study or withdrawn by researcher:

Please specify the reasons: ☐ No participants withdrew from research participation

## 10. DISSEMINATION OF RESEARCH RESULTS

a) Briefly summarize or update the agreement between the researcher and the research participant(s), and the status of dissemination of research results. Consider presented or planned events, the specified agreement with participants and publication.

## 11. DATA RETENTION MANAGEMENT, TRANSFER AND CONFIDENTIALITY

**Research records are to be managed in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, institutional regulations, and Nova Scotia's Personal Information International Disclosure Protection Act (PIIDPA), as well as other applicable standards, including funding agency requirements (if applicable).**

a) Please summarize: i, How ii, where and iii, for how long records will be managed or destroyed (if applicable) and iv, describe applicable privacy protections that have been promised to research participants during the intial or later ongoing informed consent process during the course of the research.

## ADDITIONAL INFORMATION

## CERTIFICATION

I certifify that all procedures performed under the project have been conducted in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2) and all relevant Saint Mary's Univesity, provincial, national and international policies and regulations that govern research involving human participants. In case of student research, as faculty supervisor, I have read and approve the request, all unanticipated issues, deviations and changes have been reported to the REB, research results have been or will be communicated to research participants are promised during the informed consent process and proper safeguards relating to confidentiality (if applicable) and scutiny of research data will be maintained, data will be securely stored in accordance with the SMU REB proposal and applicable guidelines and legislation as demonstrated.