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## Ethics Study Completion Form

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### SUBMISSION

Please send this form to REB Office Personnel at [REB@nbcc.ca](mailto:REB@nbcc.ca). Questions about ethics review requirements and applications should also be sent to [REB@nbcc.ca](mailto:REB@nbcc.ca).

### PURPOSE

The purpose of this form is to confirm study completion, report any adverse events, and allow the REB to close its file on your research.

*Note: If, in the future, you wish to use the data from this research project for another project or purpose, a new Research Ethics Application will be required. Please see NBCC [Ethical Conduct of Research Involving Humans Policy \(3303\)](#) on Secondary Use of Information (3.4).*

### GENERAL INFORMATION

1. Protocol # (from original approval letter)	
2. Project Title	
3. Principal Investigator	
4. Original Approval Date	

### PROJECT CLOSE

5. Why are you asking that this REB file be closed? (E.g., the project is complete or cancelled, moving to next phase of the project, no longer involving human participants in research, etc.)

### RESULTS

6. Please provide a brief description of your study results.

### PARTICIPANTS

7. How many individuals consented to participate in the study?

### CONCERNS, RISKS, WITHDRAWALS

8. Are you aware of any unanticipated risks, costs, or other adverse effects study participants have experienced during the past year due to their participation not previously reported to the REB?

- Yes  
 No

10. If **yes**, please detail all adverse effects and unanticipated issues:

11. Did any participants withdraw from the study?

Yes

No

12. If **yes**, please describe the circumstances surrounding the withdrawal(s).

13. Have any other ethical concerns not previously reported to the REB arisen in the context of the study (e.g. conflicts of interest, breaches of confidentiality, or data security)?

Yes

No

14. If **yes**, please describe all ethical concerns in detail:

## MEASURES TO SAFEGUARD RESEARCH INFORMATION

15. Will research data be destroyed or retained? If destroyed, describe how (shredded, deleted, etc.); if retained, describe how, where, and for how long it will be securely stored.

## SIGNATURE

I affirm that this completion form accurately describes the research activities and impacts not previously reported to the REB related to the Protocol number cited above and that no additional procedures or data collection will be conducted.

Principal Investigator Signature:

Date: