



**TRI-HOSPITAL RESEARCH ETHICS BOARD (THREB)
STUDY COMPLETION FORM FOR RESEARCH STUDIES**

This form is available in MS WORD and can be downloaded at: www.grandriverhospital.on.ca

Complete the form in NO smaller than 10 point font; handwritten submissions are NOT acceptable

**Use this form ONLY if all data has been collected and all contact with participants has concluded.
The study may not be closed out until both are completed.**

Research Study Title:

Local Responsible Investigator:

Co-investigators:

Date study was initiated:

Date study was completed:

Please answer all questions. This form should be filled out to close a research study.

1. Number of study participants enrolled at:

Cambridge Memorial Hospital

How many participants have completed the study? _____
 How many participants have been withdrawn? (attach explanation) _____
 How many Serious Adverse Events were there? _____
 Were these reported to the THREB? [] Yes [] No
 If no, submit Adverse Events Report to the THREB now. [] Attached

Grand River Hospital

How many participants have completed the study? _____
 How many participants have been withdrawn? (attach explanation) _____
 How many Serious Adverse Events were there? _____
 Were these reported to the THREB? [] Yes [] No
 If no, submit Adverse Events Report to the THREB now. [] Attached

St. Mary's General Hospital

How many participants have completed the study? _____
 How many participants have been withdrawn? (attach explanation) _____
 How many Serious Adverse Events were there? _____
 Were these reported to the THREB? [] Yes [] No
 If no, submit Adverse Events Report to the THREB now. [] Attached

2. Have all study-related data analyses been completed? [] Yes [] No
 If no, please send results. [] Attached

3. Has there been any problem with the participation of human subjects in your study (legal, physical, psychological or social) during the past year? Yes No
If yes, please elaborate. Attached
4. Have any articles been published or presentations given/pending using the results of this study? Yes No
If yes, submit a copy of the abstract(s) or a list of references. Attached
5. What arrangements have been made to store data in a secure/confidential manner, and how long will data be conserved?
6. Please attach a brief description of study findings. Attached

I certify that as of the date below, participants are no longer being studied or followed and that this study should be officially terminated by the THREB.

Signature of Investigator

Date

Please sign and submit this completed form to:

Karen Goerz, Administrative Coordinator
Tri-Hospital Research Ethics Board
Kaufman Building, Rm K615
Grand River Hospital
835 King Street West
Kitchener, ON N2G 1G3

Phone #1-519-749-4300, extension 5367
FAX #1-519-749-4250
Email: karen.goerz@grhosp.on.ca