



REB #:

Final Study Closure Report

Section I: Study Identification:

Date of Application (yyyy-mm-dd):

Study Title:

Sponsor Name:

Section II: PI Contact Information:

Principal Investigator Name:

Department:

Contact Information: Phone:

Section III: Study Details:

1) Study completion date (yyyy-mm-dd):

2) Did this study terminate early/premature? Yes No

3) Please provide a reason for the termination of the study. If it is an early termination please indicate this and provide a reason:

E-mail:

4) Please provide a summary of the study (attach a final report if available):

5) Is a copy of the final report attached? Yes No	
6) Was deception involved in the study? Yes No No I If yes, please confirm that this was communicated to subjects. Yes	No 🗌
7) Have there been any publications of this research? Yes If yes, please attach a copy of the publication.	No 🗌
8) Will a copy of the study summary results be provided to subjects? Yes	s 🗌 No 🗌

9) Study Enrollment Information at Ontario Shores:

Original # of study subject planned
Enrolled
Completed the study
Prematurely withdrawn
Included in a retrospective chart review(only applicable to retrospective chart review studies)

Study Enrollment Information at Abilities Centre:

Original # of study subject planned
Enrolled
Completed the study
Prematurely withdrawn
Included in a retrospective chart review(only applicable to retrospective chart review studies)

10) Were there any problems/complaints in the study that affected the participants or others? Yes No

If yes, please explain:

11) If a clinic	cal trial, has t	ne final closed	out visit with	the sponsor	occurred?
Yes 🗌	No 🗌				

12) Name of person completing this form:

Contact Information: Phone: E-mail:

Section IV: Signature of Principal Investigator (PI):

I confirm that all study-related activity is complete (including discontinuing any advertisement) and request that the REB officially close the file for this study. All the above information is correct to the best of my knowledge.

Signature of the Principal Investigator

Date (yyyy/mm/dd)