  

Behavioural Research Closure

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| Identification | |
| 1.1 | BEH File number:  Expiry date:  Project Title |
| 1.2 | Principal Investigator  Full Name:  Mailing Address:  Email:  Phone:  Supervisor if a Student Project  Full Name: |
| 1.3 | Funder: |
| PART 2: STATUS OF THE STUDY | |
| 2.1 | Does this project require reporting to another Saskatchewan REB?  Yes  No If yes, specify where: |
| 2.2 | **How many research participants were proposed for the study?**  **How many research participants were involved in the study?**  **How many research participants have completed the study?**  **Have any research participants withdrawn from the study?  Yes  No**  **If yes, please provide a reason for each withdrawal (e.g. voluntary withdrawal, withdrawn by the principal investigator):** |
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| 2.3 | **Since receiving original ethics approval, have any ethical concerns arisen?**  **Yes**  **No**  If Yes, please describe concerns in detail: |
| 2.4 | Provide a brief summary of study results (200-250 words). |
| 2.5 | **Please explain why the study is being closed.**  **Data collection completed**  **Other (please specify)** |
| **PART 3: SIGNATURE OF PRINCIPAL INVESTIGATOR (or Supervisor for student projects)** | |
| 3.0 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Investigator Printed Name of Principal Investigator Date (MM/DD/YY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Supervisor if a student Project Printed Name Supervisor Date (MM/DD/YY) |