\***Please note:** Once participant recruitment, data collection, and follow-up is complete, data should be de-identified. The study will be considered closed to the Surrey Place REB and will no longer require REB renewal.

(To Place check marks in the boxes, double click the shaded box and under “Default Value” choose “Checked”.)

|  |  |
| --- | --- |
| 1. Title of Project: |  |
| 1. REB ID#: |  |

|  |  |
| --- | --- |
| 1. Date originally approved (dd/mm/yy): |  |

|  |  |
| --- | --- |
| 1. Principal Investigator |  |
|  |  |
| Email: |  |
|  |  |
|  |  |
| 1. Co-Investigator(s) |  |
|  |  |
|  |  |
|  |  |

1. STATUS OF PROJECT:

**Requires Renewal** (please check one) **:**

Project not yet started Please describe reason: Estimated start and end dates:

Research participants are currently being recruited

Participant recruitment is complete, but data collection is ongoing

On hold Please describe reason:

**Does Not Require Renewal** (please check one) **:**

Participant recruitment & data collection complete 🡒  **Data de-identified**

(data analysis and/or write up may be ongoing)

Study Discontinued 🡒  **Data de-identified**

Date discontinued:

Please describe reason(s):

Study Completed 🡒  **Data de-identified**

**Other (please explain):**

1. How many participants/cases thus far have you recruited from Surrey Place? \_\_\_\_\_\_\_
2. If project is ongoing:

|  |  |
| --- | --- |
| How many more participants/cases will you be recruiting from Surrey Place? |  |

1. Have any adverse events been observed?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No |  | Yes | Date(s): |  |
| Provide brief details of each adverse event: | | | | | |
|  | | | | | |

1. Were the above adverse events reported immediately to the Research Ethics and Scientific Review Committee?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
|  | Yes | Dates: |  |
|  |  |  | |
|  | No |  | |
|  | (Please explain |
|  | why not): |
|  |  |

1. Have there been any major changes to the recruitment process or methods? If yes please explain. (Do not answer if an amendment has already been submitted to the SURREY PLACE REB)
2. Are there any issues that have arisen since the last REB approval that may increase the potential harms to participants?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  | Yes |  |
| Please explain: | | | | |
|  | | | | |

1. Have the results been disseminated? (Please describe where)

|  |
| --- |
| *Important Notes:*   1. This form must be sent back to the REB 2 weeks prior to the date of REB approval expiry. If you do not complete and return this form your study will no longer have standing with the Surrey Place REB and all data collection will be ceased. 2. The signed form can be scanned and returned by email, [reb@surreyPlace.ca](mailto:reb@surreyPlace.ca), or by fax at 647 260 2015. Alternatively the formed can be mailed directly to the Research Ethics Board Coordinator, 2701-777 Bay Street, Toronto, ON, M5G 2C8. |

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| *(Name of Principal Investigator)* |
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|  |
| *(Signature of Principal Investigator)* |
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|  |
| *Date (dd/mm/yy)* |