

SLC-REB – Project Termination Form

Project Termination and Final Report for an approved project

Please submit the completed form to the Research Services Office – reb@sl.on.ca

RESEARCH PROJECT TITLE:

PRINCIPAL INVESTIGATOR:

SLC-REB Approval Date:

Project Start Date:

Project End Date:

Reason(s) for project termination *(Please check all that apply):*

Project reached participation goals & was completed as expected

Project had insufficient accrual/research participants

Project never received or lost funding

Other *(please describe):*

PROJECT RESULT AND SUMMARY

Referring to the deliverables of the original proposal, please describe your results. How many research participants were involved? Were you able to complete your project objectives? If you were unable to complete your objectives, describe the circumstances that prevented you from completing the project.

PROBLEMS ENCOUNTERED DURING RESEARCH

Please check if project had no significant problems

Please describe any problems during the study including issues with participant recruitment, complaints from research participants or other ethical concerns. Describe how any problems were resolved.

Digital Signature of Principal Investigator: