Ethics Review Board

Study Completion/Termination Form

This form is to be used to notify PHO Ethics Services to close a project ethics file as a result of either a) the successful completion of a previously-approved project, or b) the early termination of a project due to unforeseen events or circumstances). This form is also used to document any relevant issues or events not already reported to PHO Ethics Services (e.g., complaints from participants or stakeholders, deviations from approved protocol).

To submit a Study Completion/Termination Form, email the completed form to ethics@oahpp.ca

For assistance completing this form, contact your PHU’s ethics designate, or PHO Ethics Services at ethics@oahpp.ca.

1. Project Information and Documents

Project ID Number: Enter project ID number.

Project Title: Enter project title.

1. [Lead Applicant](#LeadApplicant) (as indicated on ERB Application Form)

(The authorized individual responsible for the scientific and ethical conduct of the project and for the conduct of the project team)

First Name: Enter first name.

Last Name: Enter last name.

*Complete the following section if the information has changed since the original PHO ERB Project Application Form submission.*

Job title: Enter job title.

Program area (or Department and Organization if not at PHO):

Enter program area or department.

Credentials (MPH, PHD, MD, etc.): Enter credential level here

Public health unit or organization name: Enter organization name.

Mailing address: Enter mailing address.

Phone: Enter phone number.

Email: Enter email address.

1. Project Details
2. Date project completed or terminated: Click here to enter a date.
3. Was this project terminated prematurely?

[ ]  No

[ ]  Yes

If **YES**, describe reason for early termination: Enter reason for early termination.

1. Participant Details
	1. Number of participants proposed for study:

Enter number of participants proposed for study.

* 1. Number of participants actually included:

Enter number of participants actually included.

* 1. Did any participants withdraw or discontinue participation?

[ ]  No

[ ]  Yes

[ ]  Not Applicable

If **YES**, please provide details regarding discontinuation (number and reasons):

Enter details regarding participant discontinuation.

* 1. If applicable, please describe the impact on data analysis from lower-than-expected participation rates or participant withdrawal/discontinuation.

Enter description of the impact of low participant rates or participant withdrawal on data analysis.

1. Briefly summarize all substantial changes to the protocol since original approval
(e.g. amendments, changes in procedures)

Enter summary of substantial changes to the protocol.

1. Please provide a brief summary of study findings (100-200 words).

Enter summary of study findings.

1. Have there been any complaints or concerns from participants or other stakeholders?

[ ]  No

[ ]  Yes

 If **YES**, please describe.

Enter description of complaints or concerns.

1. Please describe how data or results about human participants will be stored or destroyed after project completion/termination to protect the privacy of individuals, communities or organizations.

Enter description of how data will be stored or destroyed.

1. Have results or a report on findings been provided to participants?

[ ]  Yes

[ ]  No

If **NO**, please explain. If **YES**, please provide details:

Enter explanation for why findings have or have not been provided to participants.

1. Signatures

As the lead applicant of this project, I assume full responsibility for the scientific and ethical conduct of this activity as described in this application and accompanying documents. I agree to conduct this activity in compliance with the [Tri-Council Policy Statement 2 (TCPS2 2018)](http://www.pre.ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf), and other legislation as appropriate.

Name: Enter name.

Date: Please select date.

Signature: Please sign on the line below, scan and send this page with this application form
**OR** add a scanned signature image to the image field below.

Please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR** Double click on the field below to select an image file.



Contact Information

Contact us at: [ethics@oahpp.ca](file://OTO101PFILE01V.oahpp.ca/Kate.Curzon%24/PHO%20Graphic%20Design%20Files/Forms/ERB_forms/ethics%40oahpp.ca)

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