**BRUYÈRE HEALTH RESEARCH ETHICS BOARD**

**STUDY RENEWAL/CLOSURE FORM**

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| --- | --- |
| **REB #** | **DATE** |
|  |  |
| **STUDY TITLE** | **PRINCIPAL INVESTIGATOR/BRUYÈRE HEALTH SITE PI** |
|  |  |
| [ ]  **STUDY REQUIRES RENEWAL** **The following are mandatory for renewal:** [ ]  **Current consent form(s) are attached to this form**  **N/A** [ ]  [ ]  **All minor deviations (not previously reported) are attached to this form (using the REB Deviation Form)**  |
| 1. Initial planned date of study completion:

  | 5. Number of participant-initiated withdrawals from the  Study and explanation:  |
| 1. Current planned date of study completion:
 | 6. Number of investigator-initiated withdrawals from  the study, and explanation:  |
| 1. If the current planned date of completion exceeds the initial planned date of completion by **2 years** or more, please explain:
 | 7. Are there any Adverse Events/Protocol Deviations/  New Findings/Unanticipated Problems **not** yet  reported to the REB? [ ]  Yes [ ]  No  If yes, please explain and submit appropriate form:  |
| 1. Number of participants currently enrolled in the study:
 | 8. Have there been any complaints about the study  **not** yet reported to the REB? [ ]  Yes [ ]  No  If yes, please explain and submit appropriate form:  |
| 1. Number of participants enrolled in the study to date:
 | 9. Have there been monitoring visits by the study  sponsor? [ ]  Yes [ ]  No  If yes, total number of visits:  |
| 10. Briefly describe the study progress to date:  |
| [ ]  **STUDY IS BEING CLOSED** |
| Date of Study Closure:  | [ ]  Data collection is completed.[ ]  Analysis is completed.[ ]  Study is cancelled. Reason:  |
| **SIGNATURE SECTION** |
| Signature of Principal Investigator: | Date:  |

Please submit this form to the Bruyère Health REB Office: REB@bruyere.org