**BRUYÈRE HEALTH RESEARCH ETHICS BOARD**

**STUDY RENEWAL/CLOSURE FORM**

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| **REB #** | **DATE** |
|  |  |
| **STUDY TITLE** | **PRINCIPAL INVESTIGATOR/BRUYÈRE HEALTH SITE PI** |
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| **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](mailto:REB@bruyere.org)