Please send the completed form to the Research Ethics Board at [reb@concordia.ab.ca](mailto:reb@concordia.ab.ca) at least **one month** prior to the end of each year of approval. Also, please provide the REB Chair with a signed hard copy.

As a condition of ethics approval, Concordia University of Edmonton’s Research Ethics Board requires researchers to provide a summative report on completion of the project.

**Project completion report** – approximately one page report providing information on:

* The main findings of the study;
* Details of any deviations from or amendments to your approved protocol;
* Details of how the data/records are being maintained and stored;
* Whether participants have been provided a summary of the findings (as stated in the approved protocol);
* Details of any adverse/harmful effects to participants.

**Requirements**

**Project completion reports** must be submitted to the REB once your project has been completed. A project is only deemed completed when either:

* The thesis has been submitted, or
* The publication has been released, or
* The researchers are confident that further data collection is not needed and/or participants do not need to be contacted to verify data (i.e., as a result of data analysis or a publication submission query).

|  |  |  |
| --- | --- | --- |
| **FOR THE RESEARCH ETHICS BOARD USE ONLY** | | |
| Board Chair Approval Signature: Date: | | |
| Original Start Date: | Annual Review Due Date: | Approval Expiry Date: |

**SECTION 1: PROJECT DETAILS**

Name of primary researcher: Click here to enter text.

Title of Project: Click here to enter text.

Protocol Number: Click here to enter text.

Location where project is conducted: Click here to enter text.

Date original approval was given: Click here to enter a date.

Anticipated completion date (if applicable – extension request): Click here to enter a date.

Completion date (if applicable): Click here to enter a date.

Details of the provision of a summary of research findings provided to participants: Click here to enter text.

Data storage, location and security details: Click here to enter text.

|  |
| --- |
| **SECTION 2: OTHER RESEARCHER DETAILS** *(Please list full names of all researchers involved in project along with their academic or other affiliation)* |

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.
6. Click here to enter text.

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| **SECTION 3: PROJECT STATUS**  *Have there been any deviations from the approved Ethics Protocol?* |
|  |
|  |

No

Yes – If yes, has REB approved these changes?

Yes

No – If no, please provide an explanation in the following box

Click here to enter text.

**SECTION 4: Adverse and/or unexpected/harmful effects to research participants.** *Provide details of any adverse effects and action taken as a consequence, including action to manage and/or minimize the potential for future occurrences.*

Click here to enter text.

**SECTION 5:** *Details as to reasons why the adverse/harmful effect was not reported immediately to the Ethics and Compliance Officer must be provided*

Click here to enter text.

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| --- | --- | --- |
| **SECTION 6: CERTIFICATION** | | |
|  | Click here to enter text. | Click here to enter a date. |
| *Researcher’s Signature Printed Name Date* | | |
|  | Click here to enter text. | Click here to enter a date. |
| *Supervisor’s Signature (if applicable) Printed Name Date* | | |

**SECTION 7:** *Please provide your short report here (or attach as a separate document), detailing how data collection is progressing (or summary of findings if the project is complete), details of any deviations from or amendments to your approved protocol, details of any adverse/harmful effects to participants. If requesting an extension please provide reason for extension request.*

Click here to enter text.