

**Huron University College Research Ethics Board**

**Annual Project Review or Termination Report[[1]](#footnote-1)**

*(Revised May 2018; January 2019)*

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| --- | --- |
| REB # |  |
| REB Approval Date |  |
| REB Expiry Date |  |

|  |  |
| --- | --- |
| Project Title |  |
| Principal Investigator(s) |  |
| Department |  |
| Email Address |  |

|  |  |
| --- | --- |
| SECTION 2: Participants | |
| For this project to date, how many participants: | |
| 1. Were contacted? |  |
| 1. Agreed to participate? |  |
| 1. Participated, but did not complete the study? |  |
| Have there been any adverse incidents that have not already been reported to the REB? | |

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| --- | --- |
| SECTION 3: Status of Research | |
| *Please indicate the current status of the project as either IN PROGRESS or COMPLETE.*  *If in progress, answer questions 1-3. If complete, answer 4-6.* | |
| **In Progress** |  |
| 1. I confirm that there is no new information that may affect the HUC REB’s continuing approval of the project. Any future revisions will be reported to the HUC REB for re-approval. |  |
| 1. How many more participants will be contacted before completion of the study? | |
| 1. Has the study been extended? If so, please provide details. | |
| **Research Complete** |  |
| 1. I confirm that all contact with participants is complete and so this project will not require any further HUC REB guidance or approval. |  |
| 1. Indicate total number of participants involved in study. | |
| 1. Please outline briefly plans for publication or dissemination of data. | |

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| --- | --- |
| SECTION 4: Signature | |
| By typing your name you agree that the information in this form is accurate: | |
| Name of Principal Investigator |  |
| Date |  |

1. According to Article 6.14 of the *TCPS 2 (2014)*:“At minimum, continuing ethics review shall consist of an annual status report (for multi-year research projects), and an end-of-study report (projects lasting less than one year).” [↑](#footnote-ref-1)