**WATERLOO-WELLINGTON RESEARCH ETHICS BOARD (WWREB)**

**Formerly known as Tri-Hospital Research Ethics Board (THREB)**

**STUDY CLOSURE FORM**

**INSTRUCTIONS**

1. Email a copy of this form with original signature of the Local Principal Investigator to the WWREB Administrative Coordinator at wwreb@grhosp.on.ca ONLY after all research activities have been completed. Once closed, a study file cannot be reopened.
2. Handwritten applications will not be accepted; please submit as a MS Word document

**STUDY INFORMATION**

WWREB #:

Study Title:

Local Responsible Investigator:

Co-investigators:

Initial approval date:

Expiry date:

Site(s) involved:

[ ]  GRH – KWHC

[ ]  GRH – Freeport

[ ]  GRH – GRRCC

[ ]  SMGH

[ ]  CMH

[ ]  UW

[ ]  Other: Click or tap here to enter text.

Sponsor/Funder:

**SUMMARY OF STUDY CLOSURE**

**For prospective studies**:

Total number of participants enrolled at this site: Click or tap here to enter text.

(If participants were enrolled at more than one site for which the WWREB provides oversight, please provide the total number of participants enrolled at each site)

Total number of participants withdrawn or did not complete the study: Click or tap here to enter text.

Total number of local serious adverse events: Click or tap here to enter text.

**For retrospective/secondary use studies**:

Total number of health records reviewed at this site: Click or tap here to enter text.

(if health records were reviewed at more than one site for which the WWREB provides oversight, please provide the total number of health records at each site)

All participant recruitment at this site is complete [ ]  Yes [ ]  No

All participant follow-up is complete [ ]  Yes [ ]  No

All analyses using identifiable or coded data are complete [ ]  Yes [ ]  No

Letters of Appreciation to research participants have been sent [ ]  Yes [ ]  No

(If no, please provide a justification): Click or tap here to enter text.

All data analysis and transfer are complete [ ]  Yes [ ]  No

All involvement of the local responsible investigator is complete [ ]  Yes [ ]  No

The sponsor has conducted a close-out visit (for industry-sponsored studies) [ ]  Yes [ ]  No

**Please note:** If you answered ‘no’ to any of the above, this study should remain open. Please complete an Annual Renewal form instead or provide an explanation: Click or tap here to enter text.

Premature termination of the study by investigator or sponsor [ ]  Yes [ ]  No

Reason for premature termination: Click or tap here to enter text.

**DISSEMINATION OF RESEARCH FINDINGS**

A copy of the final report is attached (e.g. sponsor close-out report, published paper, submitted abstract) [ ]  Yes [ ]  No

Please describe the dissemination plan for sharing study results with participants:

**DATA STORAGE AND DESTRUCTION**

Please describe the data storage and destruction plan as approved.

**LOCAL REPONSIBLE INVESTIGATOR SIGNATURE**

I confirm that all study-related activity for this study at one or more of the hospitals above is now complete. I request that the WWREB file for this study be officially closed.

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Print name Signature Date (dd/mm/yyyy)