

PEI Research Ethics Board
REPORTING STUDY CLOSURE and/or EARLY TERMINATION (Required on closure or early termination.)

TO: PEI Research Ethics Board
FROM: _____
(Principal Investigator or Designate)

DATE: _____
Contact Nos. _____

ADDRESS: _____

STUDY TITLE: _____

This study was first granted FULL APPROVAL on _____ (Anniversary Date)

1. Commencement:

- Did the study begin? ___Yes ___No If No, explain why not: _____
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2. Terminated early:

- Was the study terminated early? ___Yes ___No If Yes, Date of termination: _____
- Why was the study terminated early? _____
- Describe how all subjects have been informed of the termination: _____
- Have all subjects been informed of any potential risks due to the early closure? ___Yes ___No ___N/A
If No, explain why not: _____

3. Study Closure:

- Date of Study Closure: _____
 - What was the final number of study participants recruited? _____
 - If there is a major discrepancy between planned and actual participants please comment on possible reasons: _____
 - How many subjects chose to withdraw from the study? _____
 - Have study subjects been informed of the type of medication they received in the study?
___Yes ___No ___N/A If no, when will this occur or why not? _____
 - Have the results been published and/or submitted for publication? ___Yes ___No ___N/A
 - If yes, please attach a copy; Title of publication: _____
 - If no, why not? _____
 - Have the results been presented at a meeting or seminar? ___Yes ___No ___N/A
If yes, please attach an abstract and specify meeting title & date: _____
 - Where is the data being stored and for how long? _____
 - Who is responsible for maintenance of the records? Contact information: _____
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Signature of Principal Investigator or Designate

Printed Name of PI or Designate

Date (yyyy/mm/dd)

NOTE: Clinical trial data must be stored for 25 years as per Health Canada Clinical Trials Division 5 regulations. Investigator's permission is necessary to destroy these documents after this Closure report is submitted to the REB.