

Ottawa Hospital Research Ethics Boards / Conseils d'éthique en recherches

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http://www.ohri.ca/ohreb

TERMINATION REPORT

If this protocol is closed to accrual, but research participants are still on study treatment, an annual renewal report should be submitted.

1. REPORT DATE:		
2a. Protocol Number:		
2b. Protocol Title:		
3. Principal Investigator at The Ottawa Hospital:		
4a. Termination Date:	<input type="checkbox"/> Scheduled or <input type="checkbox"/> Premature	
4b. If premature, state reason for termination (e.g. no subjects (participants), adverse events, etc.):		
5a. Most recent approval 'expiry date':		
5b. Number of research participants who have provided consent AND enrolled into the study locally, since initial approval OR last renewal report date:		
5c. Total number of research participants enrolled at this site since initial OHREB approval:		
5d. Number of local withdrawals since initial OHREB approval OR last renewal report date:		
5e. Total number of withdrawals at this site since initial OHREB approval:		
5f. Reason for withdrawals:		

6. ADVERSE EVENTS

Have any unexpected side effects, adverse events, or findings been noted since last approval? Yes No

If yes, an adverse event report must be submitted. The report may be found on our website at:

<http://www.ohri.ca/ohreb/forms.htm>.

If already submitted to OHREB, indicate the date of submission.

Date:

7. SUMMARY OF CONCLUSIONS

Intent to publish: Yes No

PLEASE TYPE OR PRINT CLEARLY

Original Signature of Principal Investigator

Date

PLEASE NOTE: You must keep a copy of this form for your study file.