





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

Civic Box 411 725 Parkdale Avenue, Ottawa, Ontario K1Y 4E9 613-798-5555 ext. 14902 Fax : 613-761-4311 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:		Scheduled or 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 participation of the study local takes place on or before (if termination takes place given):	9	
5c. Total number of research participants who have provided consent AND enrolled at this site since initial OHREB approval:		
5d. Number of local withdr termination takes place renewal report date (if ter renewals have been give		
5e. Total number of withdrawals at this site since initial OHREB approval:		
5f. Reason for withdrawals	8:	

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

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

7. SUMMARY OF CONCLUSIONS	Intent to publish:	🗌 Yes 🏾] No
PLEASE TYPE OR PRINT CLEARLY			

Original Signature of Principal Investigator

Date

Date:

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

Version 1.6 Page 1 Please Forward To: Ottawa Hospital Research Ethics Boards, 725 Parkdale Avenue, Civic Box 411, Loeb Building Ottawa Hospital - Civic Campus