

## Project Completion or Termination Form

Please complete and submit this form to Kurstin Salisbury, Research Ethics Board Coordinator at (613) 969-1913, x2275, or email to: [ksalisbury@loyalistcollege.com](mailto:ksalisbury@loyalistcollege.com)

### General Project Information

Title of Research Project: \_\_\_\_\_

Today's Date	
Date of Original Ethics Approval	

Project Start Date:	
Project End Date:	

### Reasons for Project Termination:

- Project completed on time and met all goals and obligations as expected
- Project was not able to secure funding
- Project had insufficient accrual/research participants
- Other (please specify):

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### Problems Encountered During Research

- Please check if there have been no significant problems

Please describe any problems during the study including issues with participant recruitment, complaints from research participants or other ethical concerns. Describe how any problems were resolved.

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## Publications and Dissemination of Findings

Please discuss how you plan to disseminate the research findings: internally, external publications, etc.

**Principal Investigator (PI) Assurance:**

I, \_\_\_\_\_ [PLEASE PRINT] have the ultimate responsibility for the conduct of the study described in this application including my responsibilities as an advisor to any students involved in this project. I have read and am responsible for the content of this application. The information provided is complete and accurate. I understand that, as Principal Investigator, I will be the primary link with the REB, other researchers involved with this project, and the research participants. I agree to conduct the research in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and by the Policies and Procedures at Loyalist College for Ethical Conduct of Research.

I also understand that if I make any additional changes whatsoever to the sample documents provided with this application (including, but not limited to, the recruitment scripts, information and consent letters, survey questions, interview or focus group questions), I need to complete a change request form and submit this to the REB for review. I further understand that these changes, if determined to be substantive by the REB, may require a new application if they constitute new research. If any changes are made in the above arrangements or procedures, or if adverse events are observed, I will bring these to the attention of the Research Ethics Coordinator immediately.

I understand that if I fail to advise the REB of any changes or adverse events, or fail to comply with research protocols outlined in this application, or make any unauthorized changes to any document submitted with this application, the Certificate of Ethical Acceptability may be rescinded by the REB.

\_\_\_\_\_  
**Signature of Principal Investigator**

\_\_\_\_\_  
**Date**

Please email a copy with signature to:

Kurstin Salisbury - Research Ethics Board Coordinator  
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