

FORM NAME **REB Annual Progress Report /
Final Report for Research Involving Human Participants**

VERSION 2022 November

FOR This form should be completed upon completion of the study or prior to the initially submitted completion date if requesting an extension.

SUBMIT TO reb@tyndale.ca

A. STUDY PERSONNEL

Principal Investigator	
Department	
Email	

B. PROJECT

REB File #	
Project Title	
Supervisor	
Original Closing Date	
Revised Closing Date (if applicable)	

C. STATUS OF PROJECT

SECTION A: Active Research

1. This study is active

(The researcher will be recruiting or re-contacting participants during the next approval period.)

<input type="checkbox"/>	This is an annual progress report for ongoing research. There have been no modifications to the protocol since receiving original ethics clearance.
<input type="checkbox"/>	I am requesting to have changes in the protocol approved. Attached please find a completed "Request for Ethics Clearance of a Revision or Modification to an Ongoing Application to Conduct Research Involving Human Participants"
I would like to request an extension to:	
<input type="checkbox"/>	continue this research. There have been no changes in the protocol. I will notify the committee before implementing any protocol revisions.
<input type="checkbox"/>	continue this research. I am requesting to have changes in the protocol approved. Attached please find a completed "Request for Ethics Clearance of a Revision or Modification to an Ongoing Application to Conduct Research Involving Human Participants."
<input type="checkbox"/>	to continue this research for another year for follow-up only . No new participants will be recruited.

Please complete the Participant and Project Information sections

SECTION B: Inactive Research

<input type="checkbox"/>	The researcher will not be recruiting new participants and will not be actively contacting any participants.
<input type="checkbox"/>	Inactive with respect to data collection. Contact with participants only for feedback.

Please complete the Participant and Project Information sections

SECTION C: Discontinued or Withdrawn Research

<input type="checkbox"/>	The proposed research has been withdrawn. Participants will be not be contacted.
--------------------------	--

Please go to signature section

SECTION D: Completed Research

<input type="checkbox"/>	The researcher will not be recruiting new participants and will no longer work with readily identifiable data.
	Please provide a brief description of the protocol: (50 words or less)
	Please provide a description of the results of the protocol: (50 words or less)

Please complete the Participant and Project Information sections

D. PARTICIPANT INFORMATION
(unnecessary for discontinued or withdrawn research)

Total number of participants enrolled in the study to date:
To your knowledge, have any participants experienced any unanticipated social (e.g., financial, occupational), psychological (e.g., emotional), or physical problems as a result of this research?
<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe these in detail and how the situation(s) was/were resolved.
If yes, what procedures/safeguards are now in place to protect the participants from these risks?

E. PROJECT INFORMATION

What is the funding status of the project?

<input type="checkbox"/>	Funded	
	Funding Sponsor:	
	Funding Period:	
	Title of Grant:	
<input type="checkbox"/>	Funding Sought	
	Funding Sponsor:	
	Funding Period:	
	Title of Grant:	
<input type="checkbox"/>	Unfunded	

If changed, please attach one copy of the current consent form, advertisements, questionnaires or other instruments/tools used (if applicable).

F. SIGNATURE

<input type="checkbox"/>	I submit this document as an annual review for a multi-year project previously approved by the REB.
<input type="checkbox"/>	I respectfully request extension of approval for the project described above.
<input type="checkbox"/>	I certify that as of the date below, participants are no longer being studied or followed on the above protocol and therefore, this protocol should be officially terminated by the REB.

Signature of Principal Investigator

Date

Signature of Faculty Supervisor (If applicable)

Date

Chair, Research Ethics Board

I have reviewed the above continuing review/final report.

Date