Please complete, sign and submit this form to [SJCG\_REO@tbh.net](mailto:SJCG_REO@tbh.net)

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| SJCG REB # |  |
| Principal Investigator: |  |
| Study Title: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Study Status | Yes | No |  | FOR STUDIES INVOLVING CHART REVIEWS | | |
|  | Enrollment Closed/Completed |  |  | Study Status | Yes | No |
| All Assessments/Intervention Completed |  |  | Review of all charts completed |  |  |
| Follow-up Completed |  |  | Total Number of Charts reviewed |  | |
| Data verification/Data analyses Completed |  |  |  |

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| 2. | Number of local study participants (since study initiation) | | | **NOTE:**  All participants need to be accounted for  A = B + C + D + E + F + G  Comments, if needed: |
|  | Enrolled in Study | A |  |
| In active intervention phase of study | B |  |
| In follow-up phase of study | C |  |
| Completed study | D |  |
| Withdrew from study | E |  |
| Deceased, lost-to-follow up, transferred | F |  |
| Lost-to-follow up or transferred | G |  |

| 3. | Reports/Updates of Research Study | Yes | No | Check if attachment |
| --- | --- | --- | --- | --- |
| a. | Has an interim data analysis been done?  🡪 If Yes, attach summary. |  |  |  |
| b. | Have articles been published or presentations given using results of the study?  🡪 If Yes, submit a copy of the abstract(s) or a list of references |  |  |  |
| c. | Have all serious adverse events been reported?  not applicable  🡪 If No, include with this report. |  |  |  |
| d. | Has new literature changed your assessment of risk/benefits for participants? |  |  |  |
| 🡪 If Yes, have participants been informed?  🡪 If No, attach an explanation of how and when participants will be informed. |  |  |  |
| e. | Have there been any changes in investigators since the last approval? |  |  |  |
| 🡪 If Yes, has the REB been notified?  🡪 If No, submit an amendment with this form. |  |  |  |
| f. | Is there new evidence from other studies that impact your study?  🡪 If Yes, attached summary |  |  |  |
| g. | Have there been any changes to the local study protocol or consent form?  🡪 If Yes, submit an amendment form with this application. |  |  |  |
| h. | Are study results available?  🡪 If Yes, attach a brief summary of study results to date. |  |  |  |

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| Principal Investigator’s Signature: |  |
| Print Name: |  |
| Date: (month day, year) |  |

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| **For Research Ethics Board Use Only** |

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| Date Re-approval granted: | |  | | | [ ] Delegated Approval  [ ] Full-Board Approval |  |
| Starting on: |  | | Expiring on: |  | |  |
| Signature of Chair: |  | | | | |  |
| Date: |  | | | | |  |
|  |  | | | | |  |