



## Office of Research Administration REB PROJECT REDCFH FORM

Complete and submit an electronic copy of this form via email to the ORA at [ora@cmcc.ca](mailto:ora@cmcc.ca). This form may be used for projects that are not funded by the CMCC.

Date of  
Report

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REB #

**Project Title:**

PERSONNEL	NAME	PHONE	E - MAIL
Contact Investigator			

Number of subjects enrolled in the study:

Number of subjects completed the study:

Number of subjects dropped out or withdrawn from the study:

Were any adverse events reported in the conduct of your study?

☐ Yes ☐ No

Was this project funded?

☐ Yes ☐ No

If 'Yes', the ORA will need to ensure that all funder requirements have been met prior to closure of this project

### Attachments

1. Protocol changes: submit an attachment describing requested protocol changes. Changes that may affect human participants must be approved before they are implemented. Include revised study documents affected by proposed change.
2. Personnel change: submit an attachment describing proposed personnel change including justification and whether there is any change in risks to participants. Submit a revised copy of consent with personnel change.
3. Adverse event report: if answering "Yes" to adverse event question above, describe all adverse events that have occurred in the conduct of this study, what was done about them and whether changes will be made to prevent future occurrences.
4. Progress report: briefly summarize progress on the study, including important milestones, term of funding, whether the project is likely to be completed on time and on budget.

### Attestation:

The information in this report is complete and correct. I understand as Principal Investigator, I have ultimate responsibility for the conduct of the study, the ethical performance of the project and the protection of the rights and welfare of human participants. I agree to comply with CMCC Policies governing the protection of human participants in research.

Principal Investigator's Signature:

Date