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| **Behavioural Closure** | **For Internal Use Only** |
| **UnivRS Internal ID:****Date Received:** Click here to enter a date. |

**Key Information**

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| UnivRS Internal Project ID# or old Ethics ID # (Beh xx-xxx): \* PI Name: \*      Title: \*Current Expiry Date for REB Approval: \* Click here to enter a date.Reason(s) for Closure: \* Choose an item. Provide additional details as applicable:  |

**Participants**

|  |
| --- |
| Number of participants enrolled in this project: \* Number of participants who completed all project related activities: \* Number of participants who withdrew their consent, including related details: \*Explain how data withdrawal was managed: Describe any concerns expressed by participants that have not previously been reported to the REB: Provide any additional details if applicable:       |

**Dissemination of Results**

|  |  |  |
| --- | --- | --- |
|  Provide a summary of project results: \*

|  |  |
| --- | --- |
| Results have been submitted for publication, published or presented: \* | [ ]  Yes [ ]  No |

 If applicable, explain how the community was engaged in reviewing and interpreting results:  |

**Data Security and Storage**

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| --- |
| Describe the final disposition of the data, including arrangements for security, storage, and/or destruction: \* Data retention period: \*Choose an item.If ‘Other’ was selected, please specify:       |

**DECLARATION BY PRINCIPAL INVESTIGATOR:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **The Principal Investigator assumes full responsibility for the information presented in this closure report and confirms that:**1. **All of the information is accurate and complete as presented;**
2. **There is no further participant involvement, and all data collection, clarification and transfer is complete (including access to the participants’ medical records).**

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| Date the form was completed: Click here to enter a date. |
| Name of person who completed the form: |       |

 If form submitted on behalf of the PI:

|  |
| --- |
|       is authorized to prepare and submit this form on behalf of the Principal Investigator. |
| Authorized person contact information: |
| Email:       | Phone:       |

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**Document(s)**

Please provide a list of documents that are being submitted along with this closure: