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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**

|  |
| --- |
| 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).**  |  |  | | --- | --- | | 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: | |

**Document(s)**

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