Please send the completed form to the Research Ethics Board at [reb@concordia.ab.ca](mailto:reb@concordia.ab.ca) at least one month prior to the end of each year of approval. Also, please provide the REB Chair with a signed hard copy.

As a condition of ethics approval, Concordia’s Research Ethics Board requires researchers to provide an annual project progress report and a summative report on completion of the project. If your ethics approval is due to expire and the research is to continue, you must apply for an extension of Ethics approval (maximum of 12 months). Depending on which report is required, you must provide the following:

• **Annual project progress report**: approximately one page report providing information on:

* Progress of data collection,
* Details of any deviations from or amendments to your approved protocol
* Details of any adverse/harmful effects to participants

• **Application for extension** of ethics approval: approximately one page interim report providing the same information as per the annual report in addition to:

* The reason why an extension of ethics approval is required

• **Project completion report** – approximately one page report providing information on:

* The main findings of the study
* Details of any deviations from or amendments to your approved protocol
* Details of how the data/records are being maintained and stored
* Whether participants have been provided with a summary of the findings (as stated in the approved protocol)
* Details of any adverse/harmful effects to participants

**Requirements**

• **Annual reports** must be submitted to the REB Chair every 12 months after the listed commencement date for the approved protocol.

• Applications for **extension** of ethics approval must be submitted to the Ethics and Compliance Officer **one month prior** to ethics approval expiring for the project (at the time ethics approval is granted, you will be informed of the date ethics approval expires).

• **Project completion reports** must be submitted to the Ethics and Compliance Officer once your project has been completed. A project is only deemed completed when either

* The thesis has been submitted, or
* The publication has been released, or
* The researchers are confident that further data collection is not needed and/or participants do not need to be contacted to verify data (i.e. as a result of data analysis or a publication submission query).
  + NB: If none of these project completion conditions are met, then you must completed **both** an annual project progress report and an Application for extension of ethics approval.

|  |  |  |
| --- | --- | --- |
| **FOR THE RESEARCH ETHICS BOARD USE ONLY** | | |
| Board Chair Approval Signature: Date: | | |
| Original Start Date: | Annual Review Due Date: | Approval Expiry Date: |

**SECTION 2: PROJECT DETAILS**

|  |  |
| --- | --- |
| **SECTION 1:** *Please select your reason for completing this form (select from the drop down menu)* | |
| Select report type |

Name of primary researcher: Click here to enter text.

Title of Project: Click here to enter text.

Protocol Number: Click here to enter text.

Location where project is conducted: Click here to enter text.

Date original approval was given: Click here to enter a date.

Anticipated completion date (if applicable – extension request): Click here to enter a date.

Completion date (if applicable): Click here to enter a date.

Details of the provision of a summary of research findings provided to participants: Click here to enter text.

Data storage, location and security details: Click here to enter text.

|  |
| --- |
| **SECTION 3: OTHER RESEARCHER DETAILS** *(Please list full names of all researchers involved in project along with their academic or other affiliation)* |

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.
6. Click here to enter text.

|  |
| --- |
| **SECTION 4: PROJECT STATUS**  *Have there been any deviations from the approved Ethics Protocol?* |
|  |
|  |

No

Yes – If yes, has REB approved these changes?

Yes

No – If no, please provide an explanation in the following box

Click here to enter text.

**SECTION 5: Adverse and/or unexpected/harmful effects to research participants.** *Provide details of any adverse effects and action taken as a consequence, including action to manage and/or minimize the potential for future occurrences.*

Click here to enter text.

**SECTION 6:** *Details as to reasons why the adverse/harmful effect was not reported immediately to the Ethics and Compliance Officer must be provided*

Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **SECTION 7: CERTIFICATION** | | |
|  | Click here to enter text. | Click here to enter a date. |
| *Researcher’s Signature Printed Name Date* | | |
|  | Click here to enter text. | Click here to enter a date. |
| *Supervisor’s Signature (if applicable) Printed Name Date* | | |

**SECTION 8:** *Please provide your short report here (or attach as a separate document), detailing how data collection is progressing (or summary of findings if the project is complete), details of any deviations from or amendments to your approved protocol, details of any adverse/harmful effects to participants. If requesting an extension please provide reason for extension request.*

Click here to enter text.