Please complete and submit this form once your interaction with human participants has been completed, or before your annual renewal date for projects with a duration greater than one year. To request an extension or make changes to your project, please submit a change request form.

**section a: general information**

**Title of Research Project:** Click here to enter project title.

**Date of Original REB Approval:** Click here to enter a date.

**LAM #:** Click here to enter LAM#.

**Today’s Date:** Click here to enter a date.

**Principal Investigator Name:** Click here to enter first and last name.

**School/Department:** Click here to enter School/Department.

**Telephone:** Click here to enter phone number.

**Email:** Click here to enter e-mail address.

**section b: status update**

1. When did this study begin? Click here to enter a date.
2. Is this study still active? **Please select one.**

a. **YES**, when will the interaction with human participants be completed?

(If uncertain, please choose longest estimation) Click here to enter date.

b. If **NO**, when was the interaction with human participants completed?

Click here to enter date.

1. What is the funding status of the project?  Unfunded

Funded **Agency:** Click to enter Agency.

**Funding Start Date:** Click to enter date. **Funding End Date:** Click to enter date.

1. Have there been procedural or other changes to this application since its original ethics clearance? **Please select one.**

a. If **YES:**

A Change Request form has been filed

A Change Request form is attached

1. Since original ethics clearance was granted, have any ethical concerns arisen or have any participants experienced adverse events as a result of their participation in the study? **Please select one.**

a. If **YES** please describe in detail below, or append additional pages

Click here to enter details.

**Principal Investigator Assurance**

I confirm that the information provided in this Renewal/Completed Status Report is correct and that for so long as this study remains incomplete, I continue to be bound by the terms of the assurance provided by me on the original application for research ethics approval.

Name of Principal Investigator (signature not required):

Click here to first and last name.

Date: Click here to enter date.

**Further Information:**

Click here to enter additional information.

**Submission: Please email the completed form to** [**reb@lambtoncollege.ca**](mailto:reb@lambtoncollege.ca)**. This form has been adopted from the University of Guelph and Conestoga College with their permission.**