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| **STUDY CLOSE OUT REPORT TO FPD RESEARCH ETHICS COMMITTEE** |

1. **Principal Investigator**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | | **Title:** |  |
| **Organisation/Department:** |  | | | | | |
| **Position:** |  | | | | | |
| **Email:** |  | | | | | |
| **Telephone:** | **(w)** |  | **(c)** |  | | |

1. **Protocol Details**

|  |  |
| --- | --- |
| **Protocol Title:** |  |
| **REC Reference Number:** |  |
| **Date of Ethics Approval:** |  |
| **Commencement date of evaluation:** |  |
| **Expected end date of evaluation:** |  |

1. **Progress to date**

|  |
| --- |
| Please provide details: |

1. **Challenges experienced**

|  |
| --- |
| Please provide details: |

1. **Deviations from protocol**

|  |  |  |
| --- | --- | --- |
| **Have any serious breaches of the protocol occurred during the study?** | Yes | No |
| If yes, please provide details: | | |

1. **Declaration**

|  |  |
| --- | --- |
| **Signature of Principal Investigator:** |  |
| **Print name:** |  |
| **Date of submission:** |  |

1. **Attachments**

Please find the following attached to this report: (only attach if applicable/ relevant)

1)

2)

3)