



Research Ethics Board
C509-2055 Notre Dame Ave.
Winnipeg, MB R3H 0J9
Voice: (204) 632-2038
Fax: (204) 633-7470
E-mail: sallarie@rrc.mb.ca

| |
|--------------------------------------|
| Date Received |
|--------------------------------------|

Protocol # _____

FINAL REPORT

Principal Investigator(s)

Status of Principal Investigator(s)

Contact Address: _____

Phone: _____ Fax: _____

Email address: _____ Preferred means of contact: _____

Project Title: _____

Funding Agency: (if any) _____

Check [✓] appropriate study final status:

- a. Study enrolment and protocol completed
- b. Study will not be completed. Reason: _____

HUMAN PARTICIPANTS:

Number requested: _____

Number obtained: _____

Type of Consent used: _____

Methods of recruitment used: _____

Problems with recruitment if any:

(Attach additional pages if necessary)

