



End of Project Review

File number:

Project Title:

Primary Investigator:

Area: Choose an item.

Date your Ethics Certificate Expired: (dd/mm/yy):

Did your project adhere to what you set out in your original REB application (for which you received approval).

[ENTER YOUR TEXT HERE]

Did anything arise in the course of your research that should be brought to the attention of the REB? For example, did the level of risk change for any reason/at any point?

[ENTER YOUR TEXT HERE]

In completing and signing this document you confirm that you conducted your study with integrity and in accordance with the ethics certificate you were issued (see file number listed above) and St Mary's University Research Ethics Board (REB): Policy.

Signature of Primary Investigator

Date: (dd/mm/yy)