**St. George’s School of Health and Medical Sciences**

 **Research Ethics Committee**

**Joint Research and Enterprise Services**

**Ground Floor, Jenner Wing**

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| **End of Study Notification** |

\*\*\*\*\*\*DELETE EVERYTHING BETWEEN THE ASTERISKS BEFORE SUBMITTING\*\*\*\*\*\*\*

**Instructions for Completion**

This guidance is designed to help you complete the End of Study Notification for submission to St. George’s Research Ethics Committee (SGREC).

We colour coded the template to provide you with the following:

1. Text in red is for instructions only and needs to be deleted when the information required for that particular section of the protocol is completed. Therefore please ensure any entry you make on to this form is in black.
2. **Text in black** should not be deleted as it is integral to the application form and ensures you have included all relevant information about your project. **Any existing black text should not be amended or deleted.**
3. **Text in grey** indicates an interactive field.

It is important to keep all headings to enable full review of your project and to ensure that you have addressed all issues. You may add extra subheadings if you find this useful. It is accepted that not all headings are appropriate for all research, and some may need to be removed. Where some protocol headings are not applicable to your study please write ‘Not applicable’ and leave the heading.

DELETE ALL RED TEXT BEFORE SUBMITTING

IF YOU DO NOT DO SO YOUR APPLICATION WILL BE RETURNED TO YOU AND YOU WILL BE ASKED TO AMEND IT ACCORDINGLY

PLEASE DELETE THE “INSTRUCTIONS FOR COMPLETION” SECTION BEFORE SUBMITTING YOUR FORM

\*\*\*\*\*\*\*DELETE EVERYTHING BETWEEN THE ASTERISKS BEFORE SUBMITTING\*\*\*\*\*\*

|  |  |
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| **Full study title:** |  |
| **Reference number:** | xxxx.xxxx |
| **Type:** | Please select |  |
| **Study Design:** | Please select |  |
| **Study Duration** | **Planned start date:** | **Planned end date:** |
| Click here to enter a date |  Click here to enter a date |
| **Actual start date:** | **Actual end date:** |
| Click here to enter a date. | Click here to enter a date. |
| **End of study notification version number:** |  | **End of study notification date:** | Click here to enter a date |

This document should be completed at the end of any study/research previously approved by the St. George’s Research Ethics Committee (SGREC).

This document should be completed by the Principal Investigator and submitted to the SGREC (via sgulREC@sgul.ac.uk) within 90 days of the conclusion of the study or within 15 days of early termination.

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| **Section 1: Study Personnel** |

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| **Chief Investigator/academic supervisor (delete as appropriate)** |
| **Name** |  |
| **Position** |  |
| **Affiliation** | Choose an item. |
| **Address (inc. postcode)** |  |
| **Phone number** |  |
| **Email address** |  |

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| **Student (delete if not applicable)** |
| **Name** |  |
| **Course title** |  |
| **Address (inc. postcode)** |  |
| **Phone number** |  |
| **Email address** |  |

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| **Clinical supervisor (delete if not applicable)** |
| **Name** |  |
| **Position** |  |
| **Address (inc. postcode)** |  |
| **Phone number** |  |
| **Email address** |  |

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| **Other investigators/collaborators (delete if not applicable; add additional rows if necessary)** |
| **Name** |  |
| **Position** |  |
| **Address (inc. postcode)** |  |
| **Phone number** |  |
| **Email address** |  |

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| **Statistician (delete if not applicable)** |
| **Name** |  |
| **Position** |  |
| **Address (inc. postcode)** |  |
| **Phone number** |  |
| **Email address** |  |

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| Did this study terminate early? | [ ] Complete **Sections 2** and **4** | [ ] Go to **Section 5** |
| Do you wish to temporarily halt this study? | [ ] Complete **Section 3** and **4** | [ ] Go to **Section 5** |

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| **Section 2: Early Termination** |

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| What is the justification for the early termination of this study? |
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| **Section 3: Temporary halt** |

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| What is the justification for temporarily halting the study? E.g. Safety, difficulties recruiting participants, trial has not commenced, other reasons. |
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| When do you expect the study to restart? | Click here to enter a date. |

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| **Section 4: Potential implications for research participants** |

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| Are there any potential implications for research participants as a result of terminating/halting the study prematurely?  |
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| Please describe the steps taken to address them. |
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| **Section 5: Final report on the research** |

Please add a summary of the final report (min 200 words).

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| **Section 6: Declaration** |

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| Chief Investigator/ Academic Supervisor(delete as appropriate) | Insert NameInsert PositionEmployer (e.g. SGUL/SGHT etc) | (CI/supervisor signature – delete before printing and signing. Electronic signatures are accepted) |
|  |  | Date: | Click here to enter a date. |