



THE UNIVERSITY OF
WINNIPEG

THINK  LINK
UWINNIPEG RESEARCH

**Senate Committee on Ethics in Human Research and Scholarship (SCEHRS)
FINAL REPORT**

Principal Investigator:	Department:
Telephone #:	Email:
Protocol Title:	Protocol #:
Protocol Approval Date:	Previous Renewal Date:
If Student, Supervisor's Name:	Supervisor's Department:
Please provide the following information: (The space will expand as needed.)	
1. How many human subjects were proposed for the study?	
2. How many human subjects enrolled?	
3. How many human subjects withdrew after enrollment? (Please describe circumstances.)	
4. How many human subjects completed the study?	
5. Since receiving original ethics approval, have any ethical concerns arisen or have any human subjects experienced adverse events as a result of their participation in the study? (If yes, please provide details.)	
6. Reason for ending the study.	
7. During the study did any unforeseen circumstances arise? (If yes, please provide details.)	
My signature certifies that the above information is correct and that no additional procedures will be conducted without ethics approval. Proper safeguards and security of data will be maintained until all data are destroyed.	
Signature of Principal Investigator:	Date:
Date received by Research Office: (For Office Use Only)	