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| **RESEARCH PROJECT FINAL REPORT / SITE CLOSURE REPORT FORM** | | | | |
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| In accordance with the National Human and Medical Research Council (NHMRC) *National Statement on Ethical Conduct in Human Research 2023*, it is the researchers’ responsibility to provide a final report of the outcome for completed research projects and for all site closures to review bodies and the institution.  This report must be completed by the lead **Principal Investigator (PI)** for all clinical trials and health/medical research projects approved by the CALHN Human Research Ethics Committee (HREC).  This report incorporates both CALHN ethics and CALHN governance review. Where the report pertains to completion or a site closure at an **external site**, the site **PI** must also report to their institution via their local Research Governance Office.  **Submit to** [**Health.CALHNResearchMonitoring@sa.gov.au**](mailto:Health.CALHNResearchMonitoring@sa.gov.au) | | | | |
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| 1. **PROJECT DETAIL** | | | | |
|  |  |  |  | |
| HREC reference | Enter number | CALHN reference | Enter number | |
|  |  |  |  | |
| MyIP reference | Enter number | Project type | Select one | |
|  |  |  |  | |
| Project title | Enter text | | | |
|  |  |  |  | |
| PI name | Enter text | PI email | Enter text | |
|  |  |  |  | |
| Trial coordinator name | Enter text | Trail coordinator email | Enter text | |
|  | | | | |
| Sponsor | Enter text |
|  | | | | | |
| Does this project contribute to Research Translation? | Select one | | | | |
| *Research Translation is when a project informs new programs, treatments, services or health policy.* | | | | | |
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| 1. **REPORT** | | | | |
|  |  |  |  | |
| Report type | Select one | Reason | Select one | |
|  |  |  |  | |
| Sites included in this report  List individual sites approved by CALHN HREC | Enter text | | | |
|  |  |  |  | |
| For completed projects, have any sites not provided site-specific information required for this report? | | | Select one | |
|  |  |  |  | |
| 1. **PROJECT COMPLETION (completion of project at all sites approved under this HREC)** | | | | |
|  |  |  |  | |
| Date of completion | | | Select date | |
|  |  |  |  | |
| Summary of outcome | Enter text | | | |
|  |  |  |  | |
| 1. **SITE CLOSURE (one site closing in a multi-site project)** | | | | |
|  |  |  |  | |
| Date of site closure | | | Select date | |
|  |  |  |  | |
| Site name | Enter text | PI name | Enter text | |
|  | | | | |
| 1. **PROJECT TERMINATION OR SITE TERMINATION** | | | | |
|  |  |  |  | |
| Provide reasons for termination | | Enter text | | |
|  |  |  |  | |
| Were participants informed of the termination? | | Select one | | |
|  |  |  |  | |
| Describe measures taken to ensure participants have not been disadvantaged as a result of the termination (if applicable) | | Enter text | | |
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| 1. **CLINICAL TRIALS** | | | | |
|  |  |  |  | |
| Targeted participant enrolment number | | | Enter number | |
|  |  |  |  | |
| Actual participant enrolment number | | | Enter number | |
|  |  |  |  | |
| Number of participants withdrawn from the project by the sponsor or investigator (if applicable) | | | Enter number | |
|  |  |  |  | |
| Number of participants who withdrew themselves from project voluntarily (if applicable) | | | Enter number | |
|  | | |  | |
| Number of Aboriginal / Torres Strait Islander participants enrolled (if applicable) | | | Enter number | |
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| 1. **HEALTH/MEDICAL RESEARCH PROJECTS** | | | | |
|  |  |  |  | |
| Is this a low risk project? | | | Select one | |
|  |  |  |  | |
| Where are the project data/results and samples (if applicable) stored? | | | Enter text | |
|  |  |  |  | |
| Which institution owns the project data/results and samples (if applicable)? | | | Enter text | |
|  |  |  |  | |
| Targeted participant number (if applicable) | | | Enter number | |
|  |  |  |  | |
| Actual participant number (if applicable) | | | Enter number | |
|  |  |  |  | |
| Targeted record number (if applicable) | | | Enter number | |
|  |  |  |  | |
| Actual record number (if applicable) | | | Enter number | |
|  |  |  |  | |
| Targeted sample number (if applicable) | | | Enter number | |
|  |  |  |  | |
| Actual number (if applicable) | | | Enter number | |
|  |  |  |  | |
| Number of participants withdrawn from the project by the investigator (if applicable) | | | Enter number | |
|  |  |  |  | |
| Number of participants who withdrew themselves from project voluntarily (if applicable) | | | Enter number | |
|  | | |  | |
| Number of Aboriginal / Torres Strait Islander participants enrolled (if applicable) | | | Enter number | |
|  |  |  |  | |
| 1. **DECLARATION** | | | | |
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| The project is/has been undertaken in compliance with the approved proposal. | | | | |
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| The project is/has been conducted in keeping with the conditions of approval of the HREC and local governance, and subject to any changes subsequently approved. | | | | |
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| Any safety events and/or non-serious breaches - deviations have been reported to relevant bodies in accordance with NHMRC standards and as defined by CALHN. | | | | |
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| All records have been maintained and stored in accordance with common law, legislative, ethical, and current best practice requirements. | | | | |
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| The project is being conducted in accordance with International Council for Harmonisation and NHMRC standards. | | | | |
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| The information provided in this report is complete and correct. | | |  |  |
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| *I hereby declare that the foregoing is true and correct:* | | | | |
|  |  |  |  | |
| PI name | Enter text | Date | Select date | |
|  |  |  |  | |
| **The PI (if not the submitter) must be copied into the submission email in lieu of providing a signature.** | | | | |