**School of Pharmacy & Pharmaceutical Sciences Research Ethics Committee**

**End of Project Report Form**

*This form must be submitted to* [*pharmacy.ethics@tcd.ie*](mailto:pharmacy.ethics@tcd.ie) *, within six months of the project’s conclusion (taken for this purpose to be the last data collection timepoint)*

**Part A – Details of project**

|  |  |  |
| --- | --- | --- |
| Application reference number |  | |
| Date of original submission |  | |
| Date of original ethical approval |  | |
| Date(s) of approval for any previous amendments |  | |
| Applicant\* name  \*Person to whom ethical approval was granted |  | |
| Applicant email |  | |
| Applicant ID Number (TCD applicants) | TCD staff ID: | TCD student ID: |
| Title of research project |  | |
| Project conclusion date (*i.e.* last data collection timepoint) |  | |

**Part B – Project report**

|  |  |
| --- | --- |
| **Date(s) of PREVIOUS annual report(s), if any:** |  |

|  |
| --- |
| **Brief summary of the main outcomes of the project, including the number of participants who have been recruited and the number who have completed the study throughout its whole course (maximum 500 words), or explanation of why a summary has not been provided**. |
|  |

|  | **YES** | **NO** |
| --- | --- | --- |
| **Throughout the whole course of the project, were there any modifications to the procedures for which approval was granted? If so, please summarize these in the space below, highlighting and detailing those which occurred since the last annual report (if any).** |  |  |
| *Modifications (if any) during the full course of the project* |
| **Throughout the whole course of the project, were there any adverse outcomes or events associated with the conduct of the research? If so, please summarize these in the space below, highlighting and detailing those which occurred since the last annual report (if any).** |  |  |
| *All adverse outcomes and events (if any) during the full course of the project, whether serious or not* |
| **Throughout the whole course of the project, have there been any complaints associated with the conduct of the research, *e.g.* regarding data protection? If so, please summarize these in the space below, highlighting and detailing those which occurred since the last annual report (if any).** |  |  |
| *Complaints (if any) during the full course of the project* |
| **Was the project terminated prematurely? If so, please provide details and explain below.** |  |  |
| *Details and explanation of premature termination (if applicable)* |
| **Is all data being stored in accordance with the approved study protocol, Trinity’s Data Protection policy, Trinity’s Good Research Practice Policy and the requirements of all relevant data protection legislation? If not, please provide details and explain below.** |  |  |
| *Details and explanation of deviation from data storage policy/procedures (if any)* |
| **Will all data be kept for 7 years from the study’s conclusion in accordance with good practice recommendations? If not, please provide details and explain below.** |  |  |
| *Details and explanation of deviation from data retention guidelines (if any)* |

**Part C –Signature(s)**

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| --- | --- | --- | --- | --- |
| **Applicant to whom ethical approval was granted** (all studies) | |  | **Supervisor** (only where applicant to whom ethical approval was granted is a student) | |
| *Name* |  |  | *Name* |  |
| *Signature* |  |  | *Signature* |  |
| *Date* |  |  | *Date* |  |