**School of XXX Research Ethics Committee**

**End of Project Report Form**

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

|  |  |  |
| --- | --- | --- |
| **Questions:** | **YES** | **NO** |
| Is a summary of the outcomes of the project either 1) provided in the space below, or 2) attached (e.g. thesis or published work)? | □ | □ |
| Were there any modifications to the procedures for which approval was granted? If so, please provide details in the space below.  | □ | □ |
| Were there any adverse outcomes associated with the conduct of the research? If so, please provide details in the space below. | □ | □ |
| Is all data being stored in accordance with Trinity’s data storage policy, in adherence to the Freedom of Information Act, and in compliance with the requirements of the Data Protection Commissioner? | □ | □ |
| Will all data be kept for 10 years in accordance with Trinity’s data storage policy? | □ | □ |

Summary of the outcomes of the project

Modifications to the procedures for which approval was granted:

Adverse outcomes associated with the conduct of the research: