**End of Project Report Form**

**Name of applicant:**

**Title of project:**

**REAMS ID:**

**Date approval received from the Committee:**

|  |  |  |
| --- | --- | --- |
| **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. | □ | □ |

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:

Additional information which you wish to bring to the attention of the REC?

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_