



**3. What was the targeted number of participants for enrollment in this study?**

**How many participants have been enrolled?**

**Is enrollment ongoing?** Yes  No

**4. Are there any aspects of this study which should be drawn to our attention (e.g., adverse events, major or unexpected toxicity, unexpected difficulty of recruitment, ambiguous aspects)?**

Yes  No

**If yes, have all SAEs, amendments, informed consents, and administrative letters been submitted to RQHR Research Ethics Board?**

Yes  No

**5. During the last year, have you become aware of any changes in information or knowledge which would affect the relevance of this protocol?** Yes  No  If yes, please explain:

**6. Is the study still open?** Yes  No

**If yes, how much longer do you expect this study to continue?**

**If no, submit a summary of the final report.**

**7. Contact Person for All Correspondence**

**Name:**

**Address:**

**Phone:**

**Fax:**

**Email:**

**I am requesting a one year re-approval of this project:**

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date (MM/DD/YY)

**I do not require re-approval of this project:**

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date (MM/DD/YY)

*For Administrative Use Only:*

\_\_\_\_\_  
RQHR REB Chair Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**Reminder:** Please acknowledge the Regina Qu'Appelle Health Region in presentations and publications resulting from this study.

Please submit a list of presentations and publications that have emerged from this research.