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## END OF STUDY REPORT FORM

St Patrick’s Mental Health Services Research Ethics Committee requests that you complete this form when your study has ended. As detailed in Section 2 below, please also submit papers, posters and/or theses in relation to this study along with this report, and if none of these are available, please submit a summary of the research that was done.

Completed forms should be typewritten and returned to the committee administrator, Mr James Braddock, at the following email address: jbraddock@stpatsmail.com.

1. **Details of study**

|  |  |
| --- | --- |
| Full title of study: |  |
| Research Ethics Protocol number: |  |
| Date of REC Approval: |  |

1. **Publication of Results**

|  |  |
| --- | --- |
| Have any papers been published?  | Yes / No |
| If Yes, please attach to this report | Attached / Not Applicable |
| If No, please give reasons: |  |
| Has a poster been presented at a conference?If Yes, please attach a copy to this report | Yes / No |
| Was your research done as part of an academic qualification? If Yes, please provide a copy of the thesis | Yes / No |
| If none of the above have been provided, maybe because the study did not finish, please supply a separate document that details a summary of the research done. |
| Have there been any amendments to published data after publication?If yes, please give details |  |

1. **Termination date**

|  |  |
| --- | --- |
| When did the study finish? |  |
| Did it finish prematurely? | Yes / No |
| If Yes, please provide reasons in your attached summary |

1. **Recruitment of participants**

 In this section, “participants” refers to those whose samples/data were studied.

|  |  |
| --- | --- |
| Number of participants recruited: | Proposed in original application:Actual number recruited: |
| Did you have any difficulties in recruiting participants? | Yes / No |
| If Yes, give details: |  |
| Number of withdrawals from study:  |   |

1. **Safety of participants**

|  |  |
| --- | --- |
| Have there been any related and unexpected serious adverse events (SAEs) in this study? | Yes / No |
| Have these SAEs been notified to the Committee?If no, please submit details with this report and give reasons for late notification. | Yes / No / Not applicable |
| Have any concerns arisen about the safety of participants in this study?If yes, give details and say how the concerns have been addressed. This information will be considered by the Committee when reviewing the report. | Yes / No |

1. **Amendments**

|  |  |
| --- | --- |
| Were any substantial amendments made to the study? | Yes / No |
| If yes, please give the date each substantial amendment was made. |  |

1. **Data Protection**

|  |  |
| --- | --- |
| What measures have you taken to secure personal information / records pertaining to your research? |  |
| Were audio/video recordings used in your research? | Yes / No |
| If Yes, please confirm the date when these were destroyed or when you plan to destroy them: |  |

1. **Declaration**

I wish to confirm that I have complied with the conditions set out in my original proposal and the above statements are a true reflection of the status of my research.

I agree that any poster, publication or thesis submitted can be linked or made available within St Patrick’s Mental Health Services online institutional repository ([www.stpatricks.ie/research](http://www.stpatricks.ie/research)), subject to Irish Copyright Legislation and SPMHS conditions of use and acknowledgement.

|  |  |
| --- | --- |
| Name of Principal Investigator: |  |
| Date of submission: |  |