**Faculty Research ethics committee**

**NOTIFICATION OF THE END OF A STUDY**

**1. CHIEF INVESTIGATOR**

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |

**2. STUDY DETAILS**

|  |  |
| --- | --- |
| Study Title: |  |
| Faculty REC Reference Number: |  |
| Start Date: |  |
| End date: |  |
| Has the research been published?*Please give details* |  |

**DEclaration by Chief Investigator**

1. *I confirm the study is now complete and the Faculty REC file can be closed.*
2. *I confirm the research data generated in this study is maintained in accordance with the University’s Data Management Policy.*

**Signed: …………………………………………………DATE: ……………………………** *Chief Investigator*