**Final Project Report Form**

This *Final Project Report* form is a **mandatory** step for approved projects who have received data and/or biological samples from the Atlantic Partnership for Tomorrow’s Health Study (Atlantic PATH) Research Platform.

* Please submit a *Final Project Report* once the project has ended. This report should concisely summarize the outcomes of the research, the research findings and other details specified in the *Data and Biosample Access Agreement*, as well as any access renewals and unanticipated events/significant changes that occurred during the project.
* This is the final document in the Atlantic PATH Data Biosamples Access Process and submission constitutes notice of project closure.

***A completed and signed form must be submitted within three months of project completion prior to publication.* Please submit by e-mail to** [**Ellen.Sweeney@dal.ca**](mailto:Jason.Hicks@dal.ca)

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| --- | --- | --- | --- |
| Project Information | | | |
| Atlantic PATH study # |  | | |
| Project Title |  | | |
|  | | | |
| Approved Researcher | | | |
| Name |  | | |
| Title |  | | |
| Organization |  | | |
| Mailing Address |  | | |
| City |  | State/Province |  |
| Post code |  | Country |  |
| Email Address |  | | |
| Phone number |  | Fax number |  |
|  | | | |
| Research Coordinator | | | |
| Name |  | | |
| Title |  | | |
| Organization |  | | |
| Mailing Address |  | | |
| City |  | State/Province |  |
| Post code |  | Country |  |
| Email Address |  | | |
| Phone number |  | Fax number |  |

|  |  |
| --- | --- |
| **Date of commencement:** |  |
| **Duration:** |  |
| **Date of completion:** |  |
|  |  |
| **Objectives as approved:** | |
| **Deviation made from original objectives if any, while implementing the project and justification:** | |
| **Summarize full details of methods adopted and attach necessary tables, charts, and diagrams:** | |
| **Detailed analysis of results:**  **Data Analysis:**  **Biosamples Analysis:** | |
| **Contributions made towards increasing the state of knowledge in the subject:** | |
| **Conclusions summarizing the achievements and indication of scope for future work:** | |
| **List of research publications with complete details:** | |
| **Patents applied for/taken, if any:** | |
| **Products developed or in development, if any:** | |
| **Abstract (300 words) – for publication on Atlantic PATH website.** | |

# Approved Researcher Declaration

I have read and complied with the Atlantic PATH *Data and Biosamples Access*.

**Specifically, I, the Approved Researcher, declare that (please check all that apply):**

* I have returned a copy of any and all data derived or collected as part of this research project to Atlantic PATH at the end of the data analysis phase.
* I have destroyed copies of any and all data and/or data extracts made by myself or any project personnel during the course of this project.
* I have kept only the data required for audit purposes. This data is being kept according to the security measures detailed in this form.
* I will destroy all archived data at the end of the archive period.
* I have returned any and all unused portions of biological samples collected from Atlantic PATH, and/or portions of samples collected as part of this research project to Atlantic PATH.

|  |  |
| --- | --- |
| Name of Approved Researcher (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Approved Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***If student thesis or project:***

|  |  |
| --- | --- |
| Name of Supervisor (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |