**Appendix H**

COMPLETION OF STUDY

To be completed electronically by the principal investigator/researcher.

|  |  |
| --- | --- |
| Research title: |  |
| Principalinvestigator/researcher: |  |
| Co-investigator/supervisor: |  |  |  |
| Contact details: | Tel. no. | Cell no. | Email: |
|  |  |  |
| Ethics approval number: |  | Institution: |  |
| Full Ethics Approval Date: |  |
| Date of starting data collection: |  |
| Date of completing (finalreport/dissertation/thesis)  |  |

**Information regarding the Study Population:**

|  |
| --- |
| Include abstract for notification of completion of study  |
| Was deception used? If yes, were the participants who were received informed of the deception?If requested by the participants who were deceived, was their information removed from the study?1I |
| Was there any deviation from the DUT-IREC-approved protocol? If so, please explain. |
| Any other relevant information: |

Principal Investigator/Researcher Date

Co-investigator/supervisor Date

References:

1. DOH Guidelines, p 35