<TITLE, NAME, SURNAME OF PI>

Principal Investigator

<Institution/Affiliation>

<Address>

|  |  |
| --- | --- |
| SPUP REC Code |  |

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| Protocol Title |  |

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| Primary Investigator |  |
| Adviser/s |  |

We wish to inform you that the St. Paul University Research Ethics Committee (SPUP REC) reviewed the final report <**protocol title**> (SPUP REC code) during its meeting on <**date of Full board meeting>.**

Upon review of Form 14A: Final Report Form and submitted document/s, the SPUP REC **APPROVED** the final report and recommended the commencement of archiving procedures. The protocol is reclassified as **INACTIVE** and ethical clearance automatically **EXPIRED** effective <**Date of Full board meeting**>. The protocol records will be made available for three years from this date.

Thank you.

Very truly yours,

Chairperson, SPUP REC

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_