

**ICGP REC**

**Study Completion Notification Form**

I wish to confirm that [STUDY TITLE} approved by the Irish College of GPs Research Ethics Committee in [YEAR] has been completed in accordance with the submitted and approved application [including any changes requested by the Committee as part of the review process].

Principal Investigator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /