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| Date: |  | | | | **IRB Log No.:** | | |  | | | | | |
| **Review Category:** | Exempt | | | | Expedited | | | | | | | Full | |
| Design: | Survey/Questionnaire | | | | Case Series | | | | | | | Case Control | |
| Cross-Sectional | | | | Cohort | | | | | | | RCT or Other Exptal | |
| Other (please specify): | | | | | | | | | | | | |
| **Study Title:** |  | | | | | | | | | | | | |
| **Principal Investigator:** |  | | | | | | | | | | | | |
| Hospital / Center / University: | |  | | | | | Email Address: | | | |  | | |
| Department: | |  | | | | | Telephone: | | | |  | | |
|  | |  | | | | | | | | | | | |
| Study Coordinator: | |  | | | | | | | | | | | |
| Email Address: | |  | | | | | Telephone: | | | |  | | |
| Sponsor (N/A: ): | |  | | | | | Sponsor Acct. No.: | | | |  | | |
|  | |  | | | | |  | | |  | | | |
| **Total number of subjects:** | |  | | | | | | | | | | | |
| ***Note:*** *The numbers below should reflect activity for the entire length of the project.* | | | | | | | | | | | | | |
| Number of subjects planned: | | |  | | | Number enrolled: | | | | | | |  |
| Number of subjects completed: | | |  | | | Number of subjects discontinued: | | | | | | |  |
| Number of signed informed consent forms in your study file: | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
| **Briefly summarize your project (an attached report/reprint will not replace this summary):** | | | | | | | | | | | | | |
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| **If study was terminated or abandoned, specify reason (N/A:** **):** | | | | | | | | | | | | | |
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| **Report Prepared By:** | | | | | | | | | | | | | |
| Printed Name: |  | | | | | Signature: | | | |  | | | |
| Date: |  | | | | |
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| **I have reviewed this report.** | | | | | | | | | | | | | |
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| **Principal Investigator’s Signature** | | | |  | | | | | **Date** | | | | |