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SPONSOR NAME:	
PROTOCOL NUMBER:	PROGRAM:
DATE OF STUDY START-UP (ACTIVATION DATE):	DATE CLOSED TO ENROLMENT:
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Attach all articles that have been published or presentations given using the results of this study.

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Please provide a brief summary of the study:

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PRINCIPAL INVESTIGATOR'S SIGNATURE

_____ Print Name of Principal Investigator	_____ Signature of Principal Investigator	_____ Date
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