



FINAL REPORT (FORM 3.4)

IRB Protocol No.	<input type="text"/>	Approval Date	<input type="text"/>
Protocol Title	<input type="text"/>		
Principal Investigator.	<input type="text"/>		
Phone number:	<input type="text"/>	E-mail address :	<input type="text"/>
Sponsor's Name	<input type="text"/>		
Address:	<input type="text"/>		
Phone number:	<input type="text"/>	E-mail address :	<input type="text"/>
Study site(s):	<input type="text"/>		
Total Number of study participants :	<input type="text"/>	No. of Study Arms	<input type="text"/>
Number of participants who received the test articles:	<input type="text"/>		
Study materials:	<input type="text"/>		
Treatment form:	<input type="text"/>		
Study dose(s):	<input type="text"/>		
Duration of the study	<input type="text"/>		
Objectives:	<input type="text"/>		
Results: <i>(Use extra blank paper, if more space is required.)</i>	<input type="text"/>		
Signature of P.I.	<input type="text"/>		