NAVAL MEDICAL CENTER SAN DIEGO
CLINICAL RESEARCH COMPLETION REPORT

1. CIP #_____ Date of this report:_____

2. Principal Investigator: _____

3. Project Title: _____

4. Location of Study: _____

5. Date Protocol Approved: _____

6. Date Protocol Initiated: _____

7. Date Protocol Completed: _____

8. State objectives of study:

_____
_____
_____
_____

9. State findings of study:

_____
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_____

10. For HUMAN use studies, report the following:

a. Number of subjects enrolled since last continuing review:_____
b. Total number of subjects enrolled in study: _____

Attach a list of initials and SSNs of all subjects enrolled in this study.

11. Has all follow-up of subjects been completed? ____ (If not, study is not complete)

12. As a result of this project:

a. List manuscripts published or submitted for publication from this study. Format: Authors. Title. Journal year;volume:pages.

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b. List abstracts published or submitted for publication from this study. Format: Authors. Title. Journal year; volume:pages.

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c. List presentations from this study. Format: Society, City, Date.

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Signature of Principal Investigator