1. **PROTOCOL INFORMATION**

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| **Clinical Trial Name** |  |
| **HUM/IRB Approval Number** |  |
| **Protocol Version Number** |  |
| **Additional Information** |  |

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| 1. **APPROVAL** |  | |  |  |  |
| **Approver Name** (please print) | |  | **Approver Signature** |  | **Date** |