

**PRINCIPAL OR COORDINATING
INVESTIGATOR(S) SIGNATURE(S)**

OR SPONSOR'S RESPONSIBLE MEDICAL OFFICER

STUDY TITLE:

STUDY AUTHOR(S):

*I have read this report and confirm that to the best of my knowledge it accurately
describes the conduct and results of the study*

INVESTIGATOR: _____ SIGNATURE(S) _____
OR SPONSOR'S
RESPONSIBLE
MEDICAL OFFICER

AFFILIATION: _____

DATE: _____