

National Health Sciences Research Committee

STUDY REPORT SUBMISSION FORM 15-01

Protocol Title :	
Protocol number:	
Principal investigator phone number: e-mail address :	
Sponsor name Address: Phone :	
Study site(s):	
Total Number of patients/subjects :	
Number of subjects received the test articles:	
Study articles:	
Dosage form:	
Study dose(s):	
Duration of the study	
Objectives:	

Promoting Scientific and Ethical Conduct of Health Research in Malawi
Executive Committee: *Dr M. Joshua (Chairperson), Dr S. Mndolo (Vice-Chairperson)*
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB
IRB Number IRB00003905 FWA00005976
Email: *research@mail.gov.mw*

Results: (Use extra blank paper, if more space is required.)	
Principal investigator:	Date: