

KAIRUKI UNIVERSITY

INSTITUTIONAL RESEARCH ETHICS COMMITTEE

**FORM KU/IREC 11: STUDY REPORT FORM**

Protocol title:	
Protocol No:	
Principal investigator (PI)	
Address	
Telephone No:	
E-mail address:	
Sponsor name:	
Address of sponsor	
Telephone No:	
E-mail address:	
Study site(s)	
Total number of participants:	
Number of participants received the tested articles	
Study articles	
Dosage form	
Study dose(s)	
Duration of the study	
Objectives of the study	1 2 3 4 5
Results so far:	
Name of PI	Signature..... Date.....