

NATIONAL NAVAL MEDICAL CENTER  
CLINICAL INVESTIGATION FY 03 ANNUAL REPORT

1. CIP # \_\_\_\_\_ 2. DATE REPORT COMPLETED  
3. PI  
4. TITLE  
5. LOCATION(S) OF RESEARCH  
6. INVESTIGATOR (AIs) CHANGES:

a. DELETE:

PI/AI \_\_\_\_\_  
AI \_\_\_\_\_  
AI \_\_\_\_\_  
AI \_\_\_\_\_  
AI \_\_\_\_\_  
AI \_\_\_\_\_

b. ADD:

If you are adding investigators please attach: 1) Standards of Conduct form, and 2) current Curriculum Vitae and a revised consent form if the individual is being added in the document.

7. DATE RECEIVED APPROVAL \_\_\_\_\_ DATE INITIATED  
8. STATUS: \_\_\_ PROGRESS \_\_\_ CHANGE \_\_\_ COMPLETION  
                  \_\_\_ TERMINATION \_\_\_ SUSPENSION  
(If terminated provide an explanation)

9. FOR ANIMAL USE STUDIES:

List precise number of each species used in the study during the past fiscal year (1 Oct 02 - 30 Sep 03). Attach to report if necessary.

10. FOR HUMAN USE STUDIES:

\_\_\_\_\_ Total number enrolled during this past fiscal year FY 03 (1 Oct 02 - 30 Sep 03):  
\_\_\_\_\_ Total number enrolled (inception to 30 Sep 03)  
\_\_\_\_\_ Total number of subjects authorized for enrollment.

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11. PURPOSE OF RESEARCH:

12. LIST ACCOMPLISHMENTS AND PROGRESS DURING THIS PAST FISCAL YEAR:

If an unforeseen delay in the conduct of the study has occurred, provide an explanation.

13. **AS A RESULT OF THIS PROJECT:**

a. List the manuscripts submitted for publication during the last year. List by author(s), title, journal (book, editor(s), publisher), volume number, page number(s), and date.

b. List other material(s) (e.g., abstracts) that have been submitted for publication during the last year. Please identify and explain. List author(s), title, society, place of meeting, date.

c. List presentations made during the last year (National, International, Local Societies, Military Meetings, etc.). Use asterisk (\*) if presentation produced manuscript.

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Have the abstract (s)/manuscript(s) listed above been cleared

through the Public Affairs Office. \_\_\_\_\_ YES \_\_\_\_\_ NO

**CHANGES: CHECK ALL THAT APPLY.**

- ] Amendment
- ] Increased enrollment of \_\_\_\_\_ subjects for a total of \_\_\_\_\_.
- ] Extension until \_\_\_\_\_ (month/yr)
- ] Investigator Change
- ] None

TYPED NAME & SIGNATURE  
PRINCIPAL INVESTIGATOR

(DATE)

**ACTION BY CHAIRPERSON, INSTITUTIONAL REVIEW BOARD**

/ / APPROVAL FOR CONTINUATION	/ / COMPLETED
/ / ADMINISTRATIVE HOLD	/ / SUSPENSION
/ / CHANGE	/ / TERMINATED

\_\_\_\_\_  
(SIGNATURE, CHAIRPERSON, IRB)  
J. Pellegrini, CDR, NC, USN

(DATE)

**RECOMMENDATION BY COMMANDER, NATIONAL NAVAL MEDICAL CENTER**

/ / APPROVAL FOR CONTINUATION	/ / COMPLETED
/ / ADMINISTRATIVE HOLD	/ / SUSPENSION
/ / CHANGE	/ / TERMINATED

\_\_\_\_\_  
A. H. Harris, Ph.D.  
BY DIRECTION

\_\_\_\_\_  
(DATE)