



Research Protocol Contact Information

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Submission Date: (Submit completed template to dha.ncr.dha-cs-mgt.mbx.hrpp@mail.mil)

Full Study Title:

Vendor Principal Investigator:

Name:
Company:
Address:
Phone Number:
Email Address:

Associate Investigator(s): (attach a page with additional AIs as necessary)

Name:
Company:
Address:
Phone Number:
Email Address:

Government Project Manager:

Name:
Company:
Address:
Phone Number:
Email Address:

Is this work covered by a valid contract (if applicable): Yes No
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Location of Study:

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