

**RCD Research Registry Form 3B**

Registry Number\_\_\_\_\_\_\_\_\_\_\_\_ Department/School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**

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## Investigators

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sponsoring Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Submission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby agree that:

**1. The FEU-NRMF Medical Journal has the first option to publish.**

**2. Publication to other Journals requires approval from the FEU-NRMF Research Center for Development.**

This is to certify that the above information has been given in good faith, verified by me, and to the best of my knowledge is true and correct.

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Principal Investigator Research Coordinator

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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