

Charles Drew University of Medicine and Science Progress Report Form Exempt Study

Name of Investigator:		IRB Study #:	
Title of Protocol		Date of Submission:	
Progress Report			
Please provide a brief summary of the re	esearch progress. U	se additional sheets, if necessary	
Principal Investigator's Cignoture	Data	Equity Changer (if annliaghle)	Date
Principal Investigator's Signature	Date	Faculty Sponsor (if applicable)	Date