

Approvals and Signatures
PROOF OF CONCEPT AND CLINICAL TRIALS

Approvals

Project Leader Name: Position: Signature: _____ Date:	Project Leader Employer Approval Name: Position: Signature: _____ Date:
Co-Investigator Name: Position: Signature: _____ Date:	Co-Investigator Employer Approval Name: Position: Signature: _____ Date:
Co-Investigator Name: Position: Signature: _____ Date:	Co-Investigator Employer Approval Name: Position: Signature: _____ Date:
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