Effective Health Ca

Scientific Resource Center

AHRQ Funde

Manual Data Entry Forn

Sponsor:

List of Completed Studies

Please provide a listing of all completed studies that your org
In the list, please ***indicate whether results are available***

Drug(s)/Device(s)/Other treatment(s):	NCT #:	Results:

For completed studies that are on ClinicalTrials.gov, bu

Drug(s)/Device(s)/Other treatment(s):	Study #:	Time F

List of Ongoing Studies

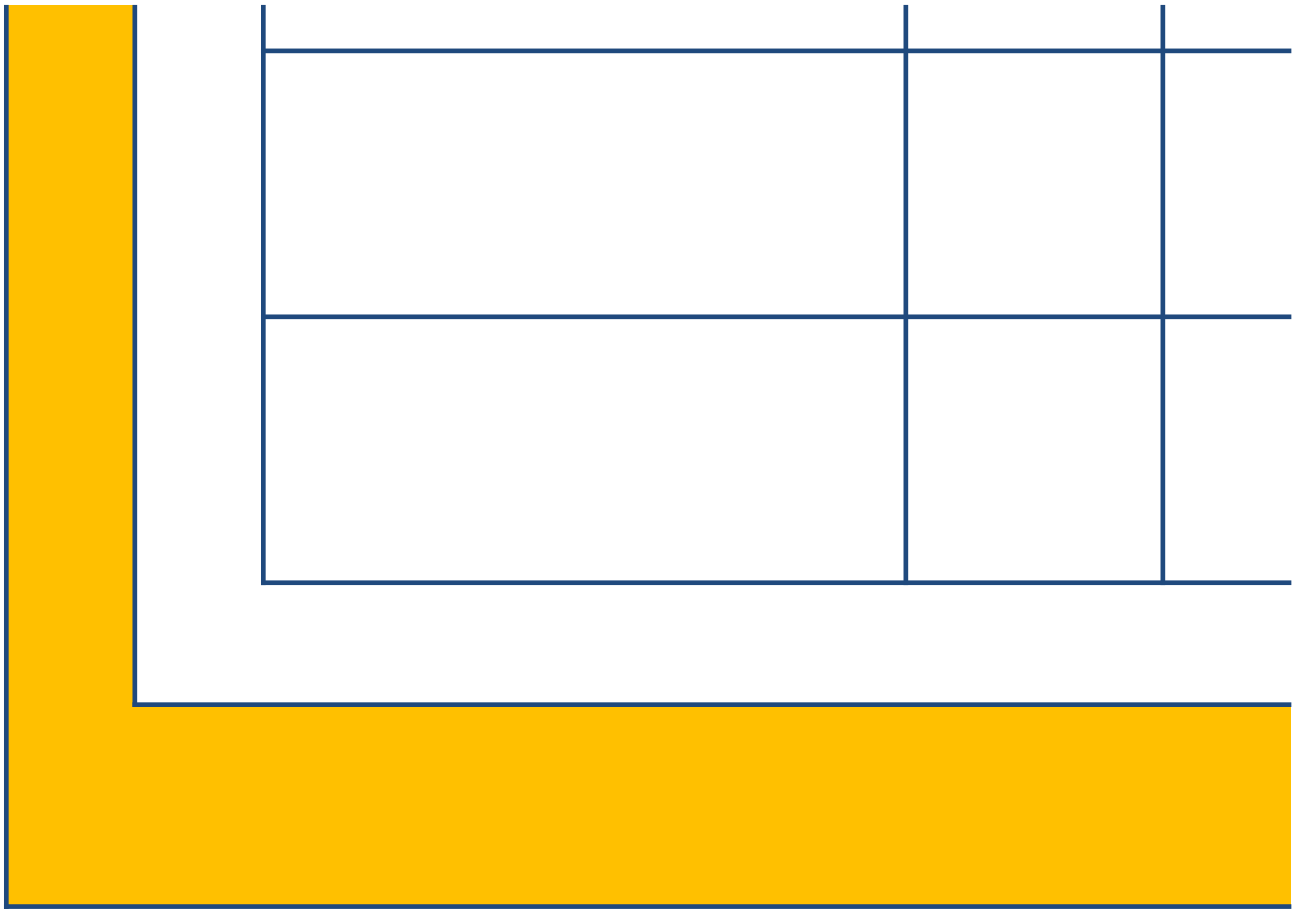
Please provide a list of ongoing studies that your orga

In the list, please provide the ClinicalTrials.gov trial number.

Drug(s)/Device(s)/Other treatment(s):	NCT #:

If a trial or study is not registered on ClinicalTrials.gov

Drug(s)/Device(s)/Other treatment(s):	Study #:	Time F



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d by the Agency for Healthcare Research and Quality

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

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on ClinicalTrials.gov along with the ClinicalTrials.gov trial nur

ut do not have results, please provide a summary with the followir

Period:	Study Design:	Methodologies:	Indication & Diagnosis:	Propper Use Instr

nization has sponsored for this indication.

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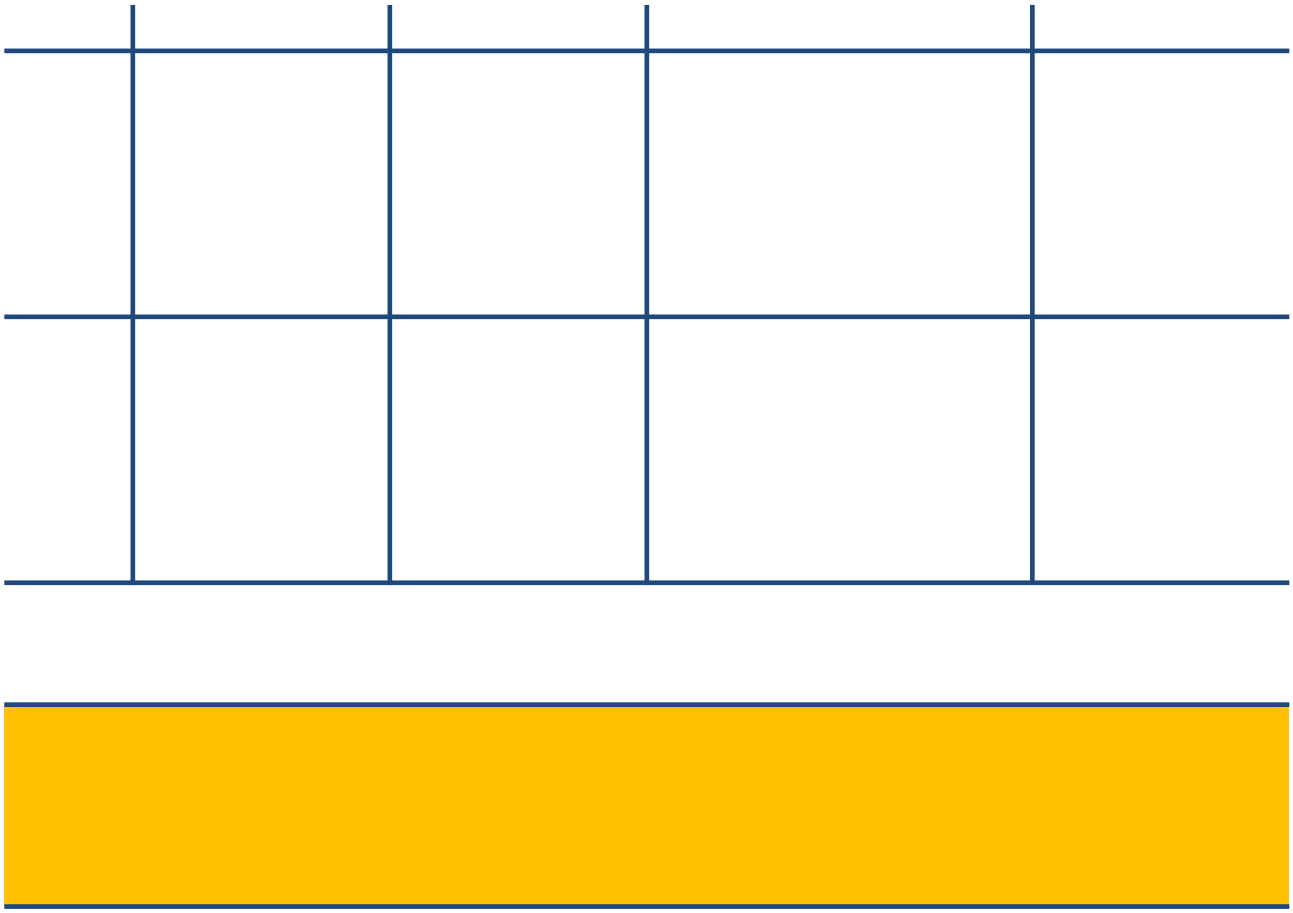
Period:	Study Design:	Methodologies:	Indication & Diagnosis:	Propper Use Instr



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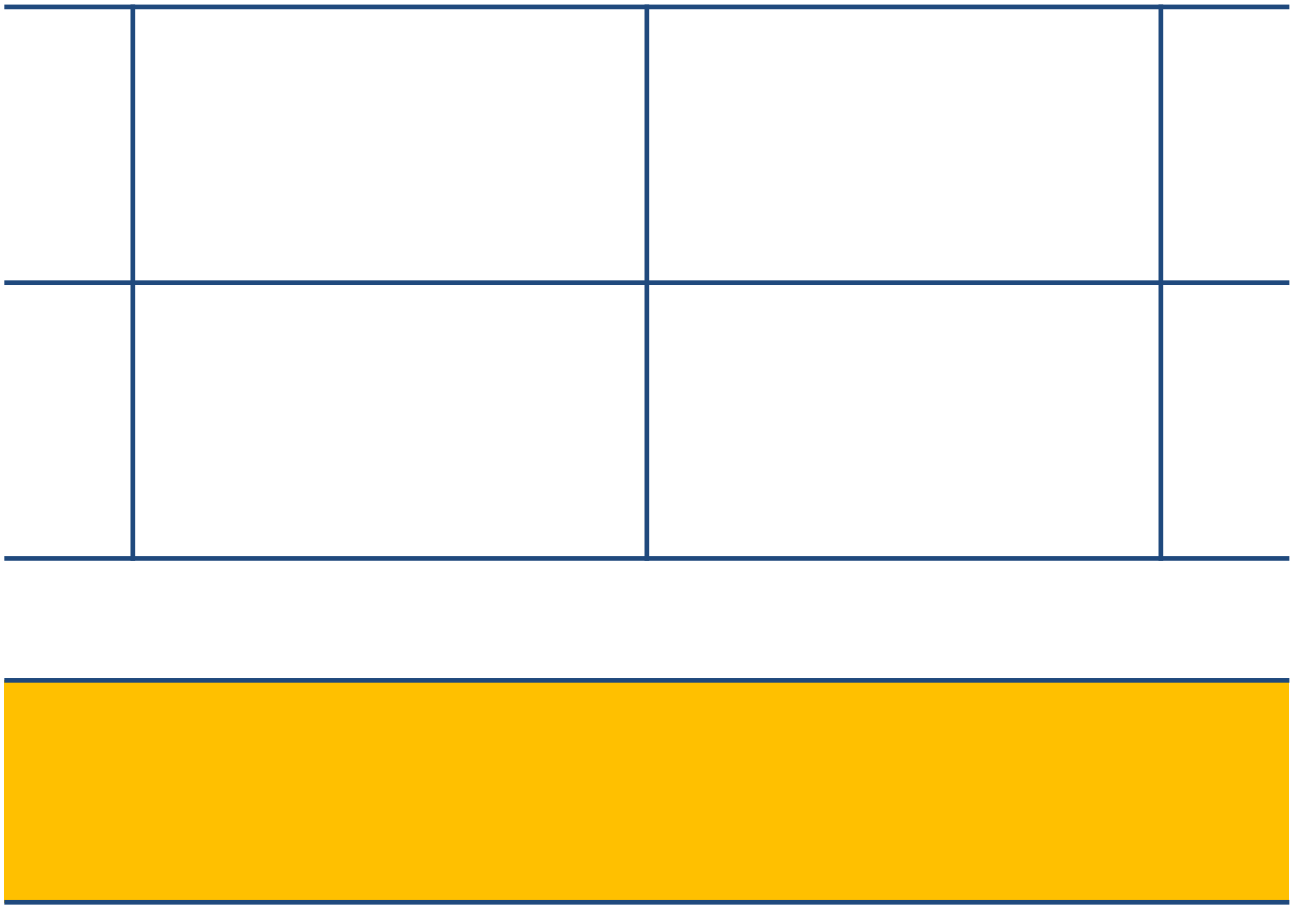

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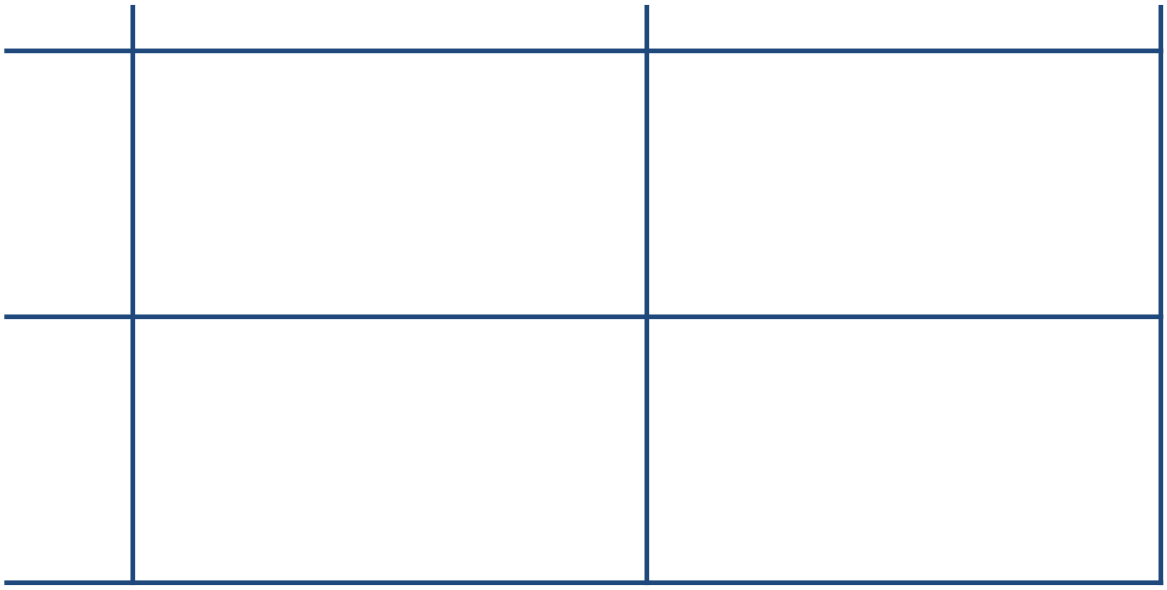
ructions: Inclusion & Exclusion Criteria: Primary & Secondary Outcomes:



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	Screened:			
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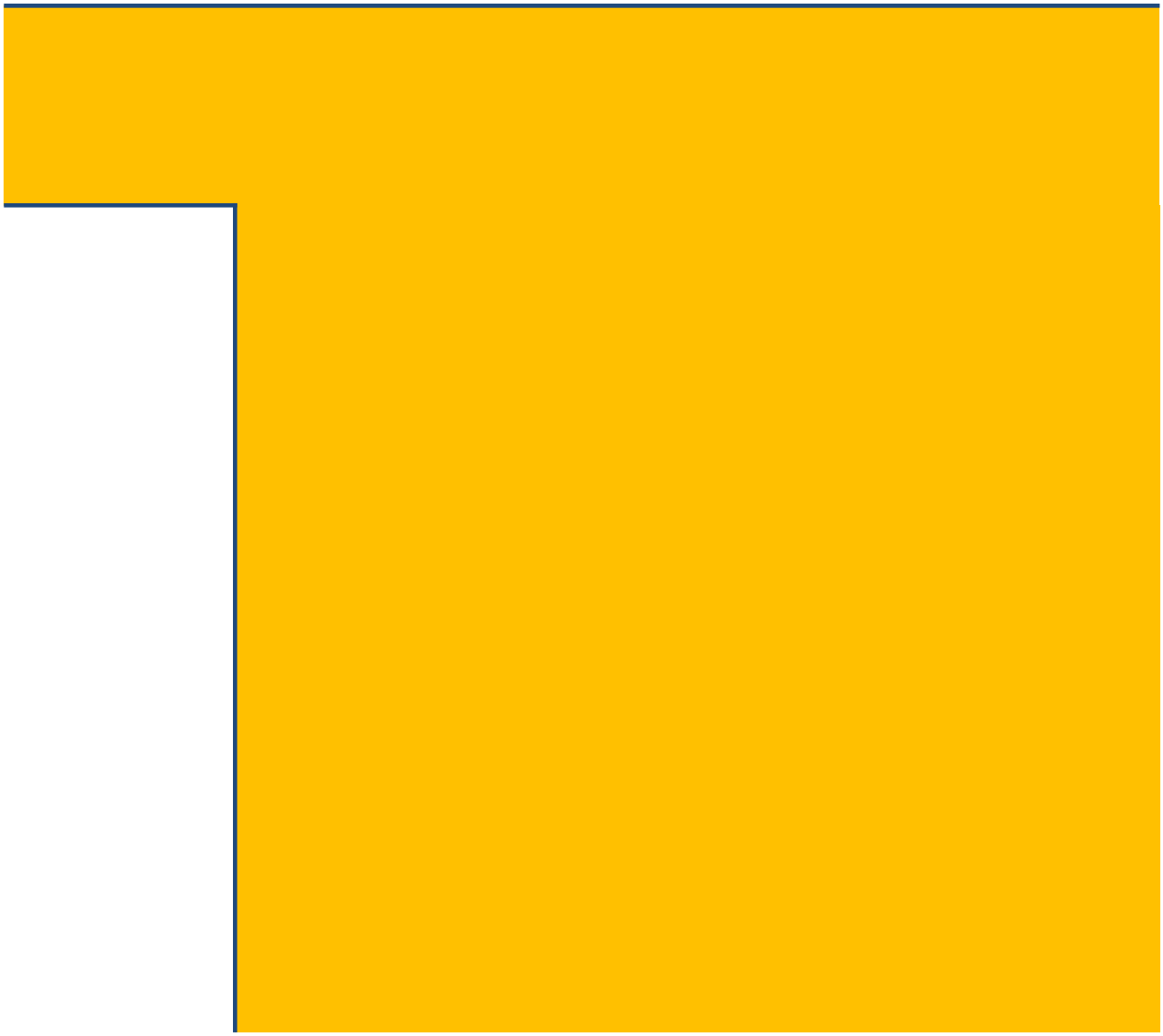
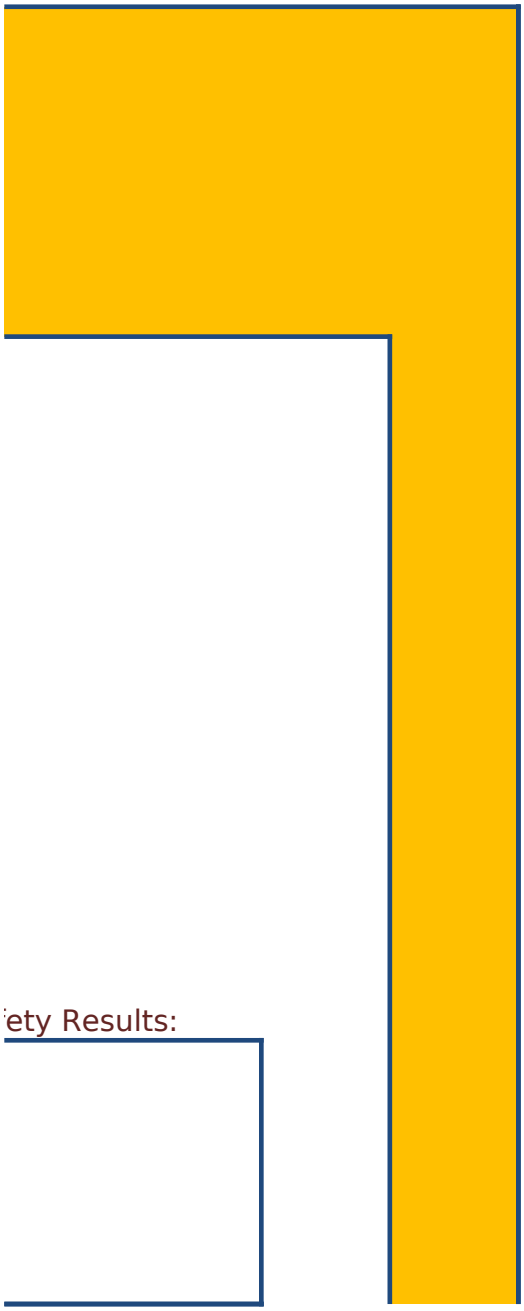
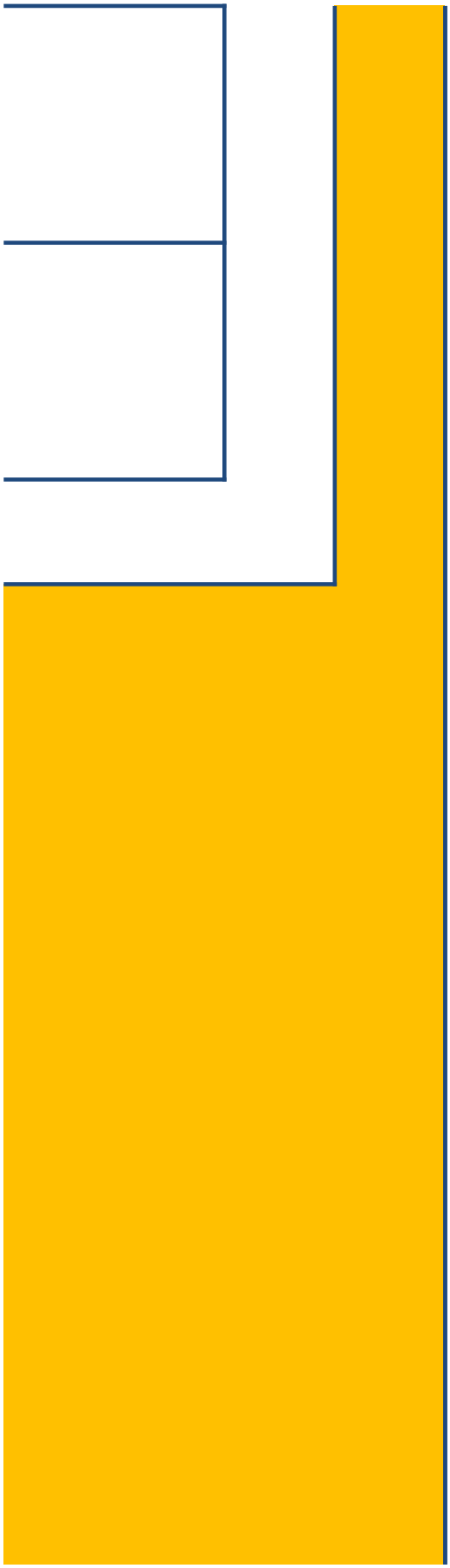
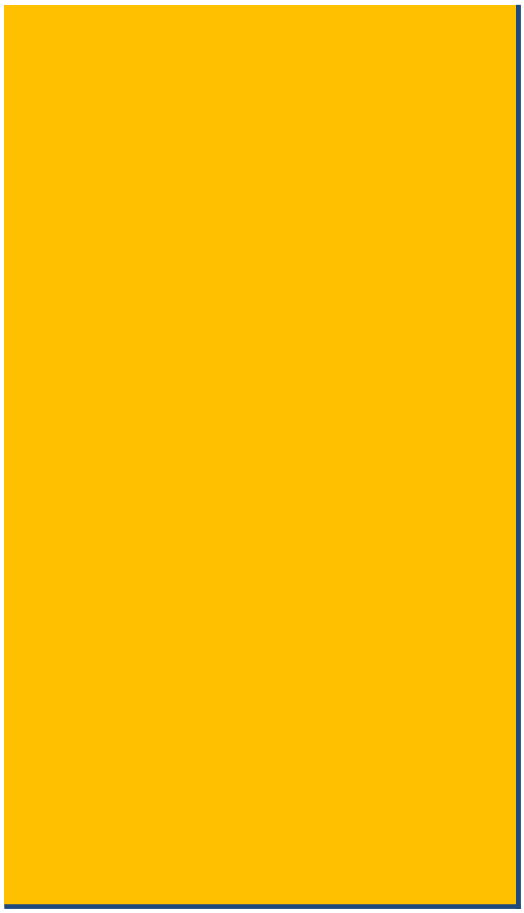




ety Results:





yes
no