

IRB FORM 10 PARTICIPANT/ COMMUNITY INQUIRIES FORM**KCMC UNIVERSITY**

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Date Received	
Received by:	
Mode of communication	Telephone/SMS/ WhatsApp/Email/letter/Physical Date:Time:.....
Name of participant:	
Address:	
Title of the protocol being participated in/Name of investigator	
Starting date of participation:	
Type of inquiry	
What is requested:	
Date and Action taken by IRB	
Outcome	
Name and Signature	

