Biomedical Device Study Registration Form

Study Title	
Device Name	
Device Hallie	
Device Type	
Model Number	
Principal Investigator	
Institution	
Contact Email	
Contact Email	
Study Description	
Objectives	
Start Date	
End Date	
Chich of postion(s)	
Study Location(s)	
Number of Participants	
Regulatory Approval Status	
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Ethics Approval Number	