



One Page Protocol Summary Form

Regional Institute of Medical Sciences, Imphal

Title of the project:

Name of the Investigator/Candidate:

Name of the Guide/Co-Guide, if any:

Department:

Date of initiation of the study:

Probable end date of the study:

Justification for the study:

Study design:

Objectives of the study:

Participants

Sample Size (justification):

Sampling/Recruitment/Collection:

How randomization (if any) is planned:

What tools are used?

Outcome variables?

How the outcome variables are measured and described?

Risks involved in the study:

Benefits of the study:

Steps taken up to maintain confidentiality:

E-mail:

Contact Number: