



ETHICS COMMITTEE  
 FACULTY OF MEDICINE  
 ALEXANDRIA UNIVERSITY

IRB NO: 00007555- FWA NO: 00015712

<http://www.hhs.gov/ohrp/assurances/index.html>

**Review report on Project**

**Date of receiving the protocol:** .....

**Name of principle investigator:**.....

**Department:** .....

**Title of the research:**

.....  
 .....  
 .....

**Sponsor: Gynuity**

**Type of project:**

<b>Clinical</b>	
<b>Surgical</b>	
<b>Experimental</b>	
<b>Clinical trial</b>	
<b>Laboratory techniques</b>	
<b>Invasive technique</b>	
<b>Noninvasive technique</b>	
<b>Population study</b>	
<b>Others</b>	

