

## Unblinding Report – DUMMY PROJECT

### Sponsor Details

Sponsor name:

### Investigator Details

Site ID:

Site Name:

Site Address:        ADD

### Unblinding Details

Partici pant Details	Randomiz ation Number	Reason for Unblin ding	Treatm ent Group	Reque sted By	Requ est Date- Time	Appro ved By	Appro ved Date- Time	Unblin ding By	Unblin ding Date- Time
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120200 2	302	Reason 1	Treatm ent B T2	N/A	N/A N/A	N/A	N/A N/A	Praneet Ranshu r	20-Jan- 2025 15:15 +05:30 DT
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## **Subject Details**

<b>Date of Birth</b>		<b>Age</b>		<b>Informed Consent Date</b>		<b>Cohort</b>
RN		RN		RN		

## **Kit Allocation Details**

<b>Visit</b>	<b>Kit Number</b>	<b>Treatment</b>	<b>Kit Type</b>	<b>Dispensed By</b>	<b>Dispense Date-Time</b>
Kit allocation Visit1	1008	T2 Treatment B	Primary	Praneet Ranshur	08-Jan-2025 00:00 08-Jan-2025 00:00

Kit allocation Visit1	1005	T2 Treatment B	Primary	Praneet Ranshur	08-Jan-2025 00:00 08-Jan-2025 00:00
Kit allocation Visit1	1002	T2 Treatment B	Primary	Praneet Ranshur	08-Jan-2025 00:00 08-Jan-2025 00:00