#### **Unblinding Report – DUMMY PROJECT**

## **Sponsor Details**

Sponsor name:

#### **Investigator Details**

Site ID:

Site Name:

Site Address: ADD

## **Unblinding Details**

Partici	Randomiz	Reason	Treatm	Reque	Requ	Appro	Appro	Unblin	Unblin
pant	ation	for	ent	sted By	est	ved	ved	ding	ding
Details	Number	Unblin	Group		Date-	Ву	Date-	Ву	Date-
		ding			Time		Time		Time

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120200	302	Reason	Treatm	N/A	N/A	N/A	N/A	Praneet	20-Jan-
2		1	ent B		N/A		N/A	Ranshu	2025
			T2					r	15:15
									+05:30
									DT

# **Subject Details**

Date of	Age	Informed	Cohort
Birth		Consent	
		Date	
RN	RN	RN	

## **Kit Allocation Details**

Visit	Kit Number	Treatment	Kit Type	Dispensed	Dispense
				Ву	Date-Time
Kit	1008	T2	Primary	Praneet	08-Jan-2025
allocation		Treatment		Ranshur	00:00
Visit1		В			08-Jan-2025
					00:00

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

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