

Name of Applicant (Last, first, middle): \_\_\_\_\_

## Inclusion Enrollment Report

**This report format should NOT be used for data collection from study participants.**

Study Title: \_\_\_\_\_  
 Total Enrollment: \_\_\_\_\_ Protocol Number: \_\_\_\_\_  
 Grant Number: \_\_\_\_\_

<b>PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race</b>				
Ethnic Category	Sex/Gender			Total
	Females	Males	Unknown or Not Reported	
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (individuals not reporting ethnicity)				
<b>Ethnic Category: Total of All Subjects*</b>				*
<b>Racial Categories</b>				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
<b>Racial Categories: Total of All Subjects*</b>				*
<b>PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)</b>				
Racial Categories	Females	Males	Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
<b>Racial Categories: Total of Hispanics or Latinos**</b>				**

\* These totals must agree.  
 \*\* These totals must agree.