Expiration Date: XX/XX/2018

PHS Inclusion Enrollment Report

OMB Number: 0925-0001 and 0925-0002

This report format should not be used for collecting data from study participants

*Study Title:

*Delayed onset sudy?   ☐ Yes   ☐ No

If study is not delayed onset, the following selections are required:

Enrollment Type   ☐ Planned   ☐ Cumulative (Actual)

Using an Existing Dataset or Resource   ☐ Yes   ☐ No

Participants Location   ☐ Domestic ☐ Foreign

Clinical Trial ☐Yes ☐No   NIH-Defined Phase III Clinical Trial? ☐ Yes ☐ No   Trial Phase? | -- Select Phase-- ▼ |

| Phase 0 |
| Phase 1 |
| Phase 1/2 |
| Phase 2 |
| Phase 2/3 |
| Phase 3 |
| Phase 4 |

Comments:

Ethnic Categories										
Racial Categories	Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			Total
	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	
American Indian or Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0
More than One Race	0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

DELETE REPORT   NEXT REPORT

To ensure proper performance, please save frequently