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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 study?  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
<b>Total</b>	0	0	0	0	0	0	0	0	0	0

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