



# Effective Health Care

Scientific Resource Center

AHRQ Funded

## Manual Data Entry Form

**Sponsor:**

### List of Completed Studies

Please provide a listing of all completed studies that your organization has completed. In the list, please ***indicate whether results are available*** for each study.

Drug(s)/Device(s)/Other treatment(s):	NCT #:	Results:

***For completed studies that are on ClinicalTrials.gov, but not on the NCT website, please provide the following information:***

Drug(s)/Device(s)/Other treatment(s):	Study #:	Time Period:



### List of Ongoing Studies


***Please provide a list of ongoing studies that your orga.***  
 In the list, please provide the ClinicalTrials.gov trial number.

Drug(s)/Device(s)/Other treatment(s):	NCT #:

***If a trial or study is not registered on ClinicalTrials.gov***

Drug(s)/Device(s)/Other treatment(s):	Study #:	Time F



Public reporting burden for this collection of information is estimated to average 1 response, the estimated time required to complete the survey. An agency may not sponsor, and a person is not required to respond to, a collection of information unless it has a currently valid OMB control number. Send comments regarding this burden estimate or other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Office of Management and Budget, Paperwork Reduction Project (0306-0046), Washington, DC 20503.

AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0306-0046), AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

# ire Program

d by the Agency for Healthcare Research and Quality

Form Approved  
OMB No. 0935-XXXX  
Exp. Date XX/XX/20XX

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anization has sponsored for this indication.

**on [ClinicalTrials.gov](https://ClinicalTrials.gov) along with the [ClinicalTrials.gov](https://ClinicalTrials.gov) trial nur**

**ut do not have results**, please provide a summary with the followir

Period:	Study Design:	Methodologies:	Indication & Diagnosis:	Propper Use Instr




**nization has sponsored for this indication.**

; please provide the protocol for the study including the following da

Period: Study Design: Methodologies: Indication & Diagnosis: Proper Use Instr

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Instructions:	Inclusion & Exclusion Criteria:	Primary & Secondary Outcomes:	Baseline




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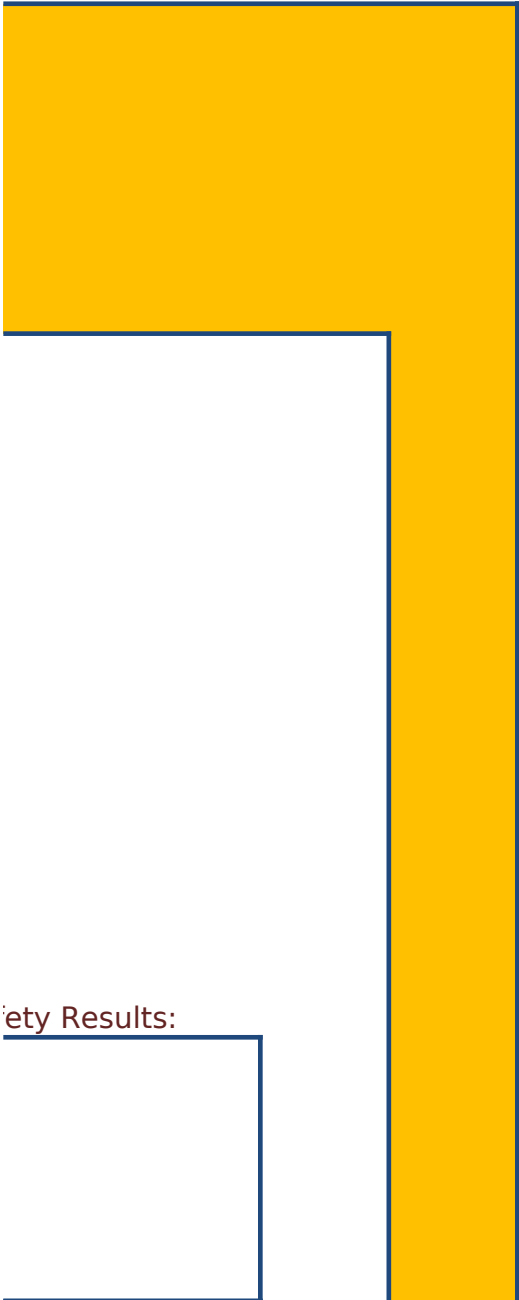



Characteristics:	# of Patients:	Effectiveness & Efficacy:	Safety:
	Screened:		
	Eligible:		
	Enrolled:		
	Lost to Follow-up:		
	Withdrawn:		
	Analyzed:		

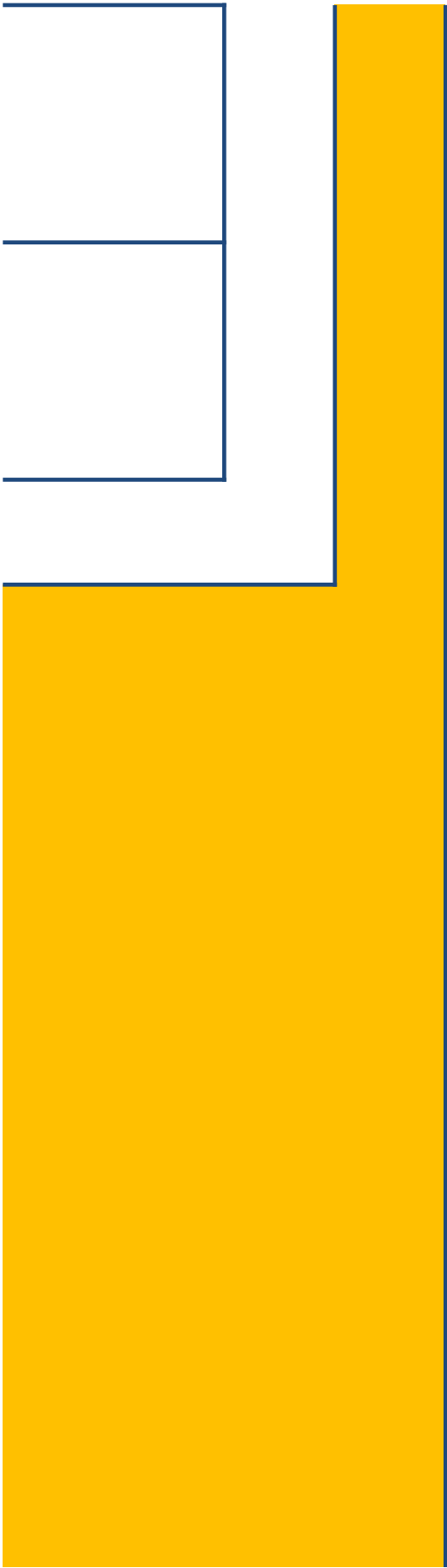
	<i>Screened:</i>			
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	<i>Enrolled:</i>			
	<i>Lost to Follow-up:</i>			
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	<i>Analyzed:</i>			
	<i>Screened:</i>			
	<i>Eligible:</i>			
	<i>Enrolled:</i>			
	<i>Lost to Follow-up:</i>			
	<i>Withdrawn:</i>			
	<i>Analyzed:</i>			

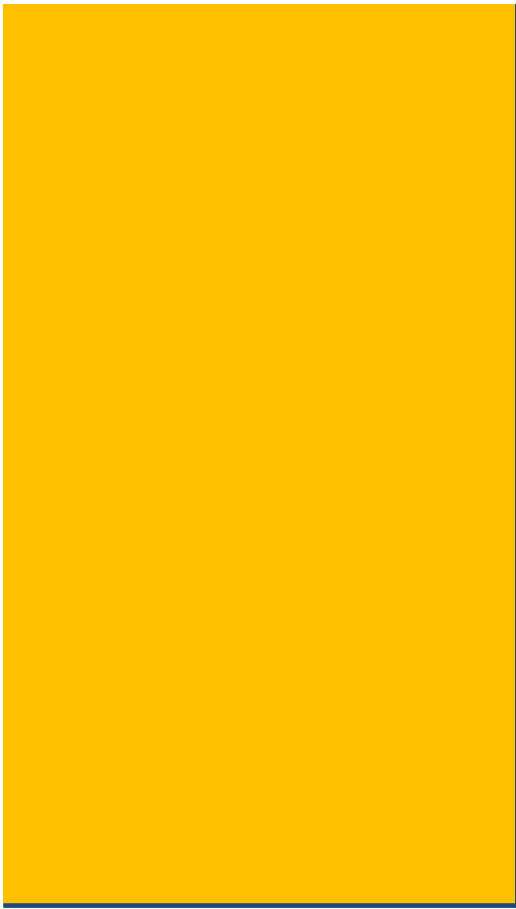






ety Results:





yes

no