

## Maternal and Child Health Bureau Inclusion Enrollment Form

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

**\*Study Title (must be unique):**

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

Using an Existing Dataset or Resources	Yes	No
Enrollment Location (state)		
Clinical Trial	Yes	No

**Comments:**

Racial Categories	Ethnic 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/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