Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-XXXX. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

OMB No. 0906-XXXX Exp. XX/XX/20XX

## Maternal and Child Health Bureau Inclusion Enrollment Form

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

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itudy Title nust be nique):		
If study is not delayed onset, the	e following sele	ctions are required
Using an Existing Dataset or Resources	Yes	No
Enrollment Location (state)		
Clinical Trial	Yes	No
Comments:		
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		
Total	0	0	0	0	0	0	0	0	0	0		