

JHS Office of Research

1500 NW 12th Avenue; Suite # 803 Miami, Florida 33136-1094 Phone: (305) 585-7226

Fax: (305) 585-6144

## PATIENT ENROLLMENT AND RETROSPECTIVE CHART REVIEW MONTHLY REPORT

All patient consents, re-consents based on amendments, and withdrawals must be faxed MONTHLY to the JHS Office of Research (305) 585-6144.

Patient Enrollment Report for the month of: _	Year:
Protocol #	Study Name:
I, here below is correct and complete. ( <b>Principal Investi</b> )  A. TOTAL # of Patients Enrolled in Study: B. # of patients enrolled this month: C. Total # of Patients re-consent based on amend D. Total # of Patients withdrawn from study:	
PI SIGNATURE:	DATE:

**Enrollees or Retrospective Charts Reviewed for Current Month** 

	Name and Last Name	MR # (JHS)	<b>Date of Consent</b>	Observations/ Changes
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