

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 _____, hereby certify under oath that the information provided below is correct and complete. (Principal Investigator Complete Name –PRINT-)	
A. TOTAL # of Patients Enrolled in Study: _____	
B. # of patients enrolled this month: _____	
C. Total # of Patients re-consent based on amendments: _____	
D. Total # of Patients withdrawn from study: _____	
PI SIGNATURE: _____	DATE: _____

Enrollees or Retrospective Charts Reviewed for Current Month

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