

Supplemental Information

Date: _____ (mm/dd/yyyy)
Completed By: _____
Grant Number _____
Project Title: _____

Lead Study Coordinator Name (Last, First, MI): _____

Lead Study Coordinator Contact Information:

Address: _____

City: _____ State: _____ Zip: _____
Email Address: _____
Telephone: _____ Fax: _____

Enrollment "As of" Date: _____ (mm/dd/yyyy)
Date of First Subject Accrual: _____ (mm/dd/yyyy) Actual _____ Projected* _____
Date of Last Subject Accrual: _____ (mm/dd/yyyy) Actual _____ Projected* _____
Date of End of Follow-Up: _____ (mm/dd/yyyy) Actual _____ Projected* _____
Number of DOMESTIC Sites: _____
Number of FOREIGN* Sites: _____

For **FOREIGN sites please specify Country Name and # of sites for each country:*

IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING:

Has a primary publication from this study been published in a peer review journal?
If yes, please specify below.
If no current publication: Please provide projected month and year by which a publication is expected.

Journal Title: _____
Year: _____ Month: _____
Volume: _____ Issue: _____
Page numbers: _____

*Please specify whether date provided is "Actual" or "Projected"