**Subject Study Participation Log**

**Subject ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Subject Initials:** \_\_ \_\_ \_\_

DATE COMPLETED /RECORDER INITIALS:

Recruitment Logs \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Informed Consent \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Informed Consent Process Note \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Informed Consent Copy to Patient \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Patient Contact Information \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Medical Record Release \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Medical Record Request faxed \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Medical Record received \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Case Report Form completed \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Data entered \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Subject Reimbursement issued \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Lost to Follow-up Letter sent \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

Monitor Visit \_ \_ /\_ \_ / \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_