

PHS Inclusion Enrollment Report

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

OMB Number: 0925-0001
Expiration Date: 3/31/2020

*Study Title (must be unique):

* Delayed Onset Study? Yes No

If study is not delayed onset, the following selections are required:

Enrollment Type	Planned	Cumulative (Actual)
Using an Existing Dataset or Resource	Yes	No
Enrollment Location	Domestic	Foreign
Clinical Trial	Yes	No

NIH-Defined Phase III Clinical Trial Yes No

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										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
More than One Race										
Unknown or Not Reported										
Total										