

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	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0
More than One Race	0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0