

Subject enrollment and identification Log

22.4.2021

Sitenummer: Site Name: Principal Investigator:

Patients who have signed the informed consent and are enrolled into the study

PID Number (REDCap Number)	CPR Number	Date of enrolment	Patient Name	Contact Information (phone) (Only if patient accepts)	End of trial
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other

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Sitenumber: _____ Site Name: _____ Principal Investigator: _____

					<input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
					<input type="checkbox"/> Completed <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other

End of trial – *by my signature I certify that the above details are correct*

Signature Principal Investigator _____

Initials _____

Date _____

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