

Additional Vaccines_Visit X and Xc Subject enrollment and identification Log

17.02.2022

Sitenummer: _____ Site Name: _____ Principal Investigator: _____

Patients who have signed the additional informed consent for extra study visits regarding the additional vaccinations – 4. vaccination

PID Number (REDCap Number)	CPR Number	Date of signature	Patient Name	Contact Information (phone) (Only if patient accepts)

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

Signature Principal Investigator

Initials

Date

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