

Visit X and Xc Subject enrollment and identification Log

06.10.2021

Sitenumber: _____ Site Name: _____ Principal Investigator: _____

Patients who have signed the additional informed consent for extra study visits regarding the 3rd 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

Page: _____ of _____