*STUDY ID HEADER:* PI Name, Protocol or IRB Number, and/or Protocol Short Title

**Subject Initials \_\_ \_\_ \_\_ Subject ID \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ Date: \_\_\_ \_\_\_** **/\_\_ \_\_ \_\_ / \_\_ \_\_**

Day Month Year

# Demographics

|  |
| --- |
| **First Name\*:** |
| **Middle Name (or initial):** |
| **Last Name\*:** |

**Birthdate\*: \_\_ \_\_** / **\_\_ \_\_**  / **\_\_ \_\_ \_\_ \_\_**

Month Day Year

|  |  |
| --- | --- |
| **Sex\*:** (check one)  **□ Male**  **□ Female**  **□ Unknown or Not Reported** | **Ethnicity\*:** (as reported by subject; check one)  **□ Hispanic / Latino**  **□ Not Hispanic / Latino**  **□ Unknown or Not Reported** |
| **Race\*:** (as reported by subject; check all that apply) | |
| **□ American Indian or Alaska Native**  **□ Asian**  **□ Black or African American** | **□ Native Hawaiian or Other Pacific Islander**  **□ White**  **□ Unknown or Not Reported** |

## Medical Record Number(s):

|  |  |
| --- | --- |
| **Hospital/Care Provider (e.g. IU Health, Eskenazi Hospital)** | **Medical Record Number** |
|  |  |
|  |  |

## Contact Information:

|  |  |  |
| --- | --- | --- |
| **Address:** | | **Unit #:** |
| **City:** | **State:** | **Zip:** |
| **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□** Home **□** Work  **□** Cell **□** Other | **Alternate**  **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□** Home **□** Work  **□** Cell **□** Other | **Email address:** |
| **Preferred method of contact:** |  | |

## Emergency Contact:

|  |  |  |
| --- | --- | --- |
| **Name:** | | |
| **Address:** | | **Unit #:** |
| **City:** | **State:** | **Zip:** |
| **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□** Home **□** Work  **□** Cell **□** Other | **Alternate**  **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□** Home **□** Work  **□** Cell **□** Other | **Email address:** |
| **Preferred method of contact:** |  | |

\*indicates required field for NIH and FDA

**Form Completed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_