*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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_