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| **SITE INVESTIGATOR NAME:** |  |  |  |
| **SITE NAME:** |  |  | **SITE NUMBER:** [ ][ ][ ] |
| **DATA COLLECTION TIER:** |  |  |  |

* Please list all enrolled patients;
* At the end of the study a hard copy of this log should be filled in the Research Office for archiving;
* This log is to be filed at the site only.

| **ENROLMENT DATE**  (DD/MM/YYYY) | **Medical Record #** | **Patient Name** | **Date of Birth**  (DD/MM/YYYY) | **Gender**  (M/F) | **Participant Identification #**  ([\_\_\_][\_\_\_][\_\_\_] -[\_\_\_][\_\_\_][\_\_\_][\_\_\_]) |
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