VOLUNTEER REGISTRY DATA SHEET

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 5 USC 301; 10 USC 1071-1090; 44 USC 3101; EO 9397

2. Principal and Routine Purposes: To document participation in research conducted or sponsored by the U.S. Army Medical Research and Development Command. Personal information will be used for identification and location of participants.

3. Mandatory or Voluntary Disclosure: The furnishing of the SSN is mandatory and necessary to provide identification and to contact you if future information indicates that your health may be adversely affected. Failure to provide the information may preclude your participation in the research study.

PART A-INVESTIGATOR INFORMATION

(To Be Completed By Investigator)

PLEASE PRINT, USING INK OR BALLPOINT PEN

1. Study NR: _____ 2. Protocol Title:

3. Contractor (Laboratory/Institute Conducting Study):

4. Study Period: From: 01/___/___ *(DA/MO/YR)* To: 15/___/___ *(DA/MO/YR)*

5. Principal/Other Investigator(s) Names(s) 6. Location/Laboratory

(1) _____ *(Last)* *(First)* *(MI)* _____/_____

(2) _____ _____/_____

(3) _____ _____/_____

PART B-VOLUNTEER INFORMATION

(To Be Completed By Volunteer)

PLEASE PRINT, USING INK OR BALLPOINT PEN

7. SSN:____/____/_____ 8. Name: _____ *(Last)* *(First)* *(MI)*

9. Sex: M__F__ 10. Date of Birth: ___/___/___ 11. *MOS/Job Series:___ 12. *Rank/Grade:____

13. Permanent Home Address (Home of Record) or Study Location Address:

_____ *(Street)* *(P.O. Box/Apartment No.)*

_____ *(City)* *(Country)* *(State)* *(Zip Code)*

(____)_____-_____ *(Perm Home Phone No)*

14. *Local Address (If Different From Permanent Address):

_____ *(Street)* *(P.O. Box/Apartment No.)*

_____ *(City)* *(Country)* *(State)* *(Zip Code)*

(____)_____-_____ *(Local Phone No)*

5.*Military Unit: _____ Zip Code: _____

Organization: _____ Post: _____ Duty Phone No. (____)_____-_____

PART C-ADDITIONAL INFORMATION

(To Be Completed By Investigator)

PLEASE PRINT, USING INK OR BALLPOINT PEN

16. Location of Study:

17. Is Study Completed: Y___ N___

Did volunteer finish participation: Y___ N___ If YES, Date finished: ___/___/___ *(DA/MO/YR)*

If NO, Date withdrawn: ___/___/___ *(DA/MO/YR)* Reason withdrawn:

18. Did Any Serious or Unexpected Adverse Incident or Reaction Occur: Y___N___ If YES, Explain:

19.*Volunteer Followup: _____

Purpose: _____

Date: ___/___/___ *(DA/MO/YR)* Was contact made: Y___N___ If No action taken, explain:

20.*Hard Copy Records Retired: Place: _____ File NR: _____

21.*Product Information:

Product: _____

Manufacturer: _____

Lot NR: _____ Expiration Date: _____

NDA NR: _____ IND/IDE NR: _____

*Indicates that item may be left blank if information is unavailable or does not apply.
Entries must be made for all other items.