



**DOIM Regulatory Continuing Review Report Form- Enrollment Information**

**TOTAL Reported Enrollment Information (for reference):**

Gender/Age	Females	Males	Adults	Minors	TOTAL
Consented					
Enrolled					

Race	African American	Asian/Pacific Islander	Native American	Caucasian	Hispanic/Spanish	Unspecified/Not Given	TOTAL
Consented							
Enrolled							

**Please complete the following 2 tables for the CURRENT Report Period:**

Gender/Age	Females	Males	Adults	Minors	TOTAL
Consented					
Enrolled					

Race	African American	Asian/Pacific Islander	Native American	Caucasian	Hispanic/Spanish	Unspecified/Not Given	TOTAL
Consented							
Enrolled							

**Please provide your AE/deviation log (if applicable) and a de-identified copy of the last signed ICF. Thank you!**