

HOVON Subject Identification Log

Use this form to record the identity of subjects screened (optional) and enrolled in a HOVON trial. This form is to be filed in the Investigator Trial File at the investigational site only, to protect subject privacy. Sign and date all pages of this form after enrolment of the last subject. Cross out any unused lines on a page

Trial name:		Investigator:			Hospital:		
Name Subject	Local Patient Code (optional)	Date of birth	Date informed consent signed	Enrolled in trial?	If not enrolled, specify reason (if known)	Date enrolment	Subject Trial Number
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			

Page _____ of _____

Signature investigator: _____

Date: _____