



CLINICAL TRIAL ANNUAL PROGRESS REPORT

<b>PROGRESS REPORT SUMMARY</b>	PROJECT ID	PERIOD COVERED BY THIS REPORT	
	<input type="text"/>	FROM <input type="text"/>	THROUGH <input type="text"/>

VA MEDICAL CENTER	PRINCIPAL INVESTIGATOR
<input type="text"/>	<input type="text"/>

TITLE OF PROJECT

Status (PLEASE CHECK ONLY ONE BOX):

Not Yet Recruiting                       Recruiting  
 No Longer Recruiting                       Completed

Total Projected Enrollment:  Total Enrollment to Date:

**PART A: TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race**

Ethnic Category	Sex/Gender			Total
	Females	Males	Unknown or Not Reported	
Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown (individuals not reporting ethnicity)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Ethnic Category: Total of All Subjects</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Racial Categories				
American Indian/Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
More than One Race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown or Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Racial Categories: Total of All Subjects</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Completer:	<input type="text"/>	Title of Completer:	<input type="text"/>
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