North Florida/South Georgia Veterans Health Service
Report of Human Subject Enrollment

Principal Investigator	
Protocol Title	
Study IRB #	

Enter information on the log only after informed consent has been obtained from that subject (i.e. after the subject has signed the IRB-approved informed consent form, provided verbal consent, etc). This log should be updated as subjects are enrolled and submitted to the HRPP Office with Annual Renewal Packet.

Last Name	SSN Last 4	**Date Consent Form Signed (or verbally obtained)**	VA Patient	Non-VA Subject	Audit Date	QA Date

If **NO** Subjects were enrolled, please mark N/A and sign below. ☐ N/A

PI Signature _____ Date _____

Do Not Email this Form if Subjects were enrolled.

Deliver to: Hospital Room #E584-1 (black safe), or Commerce Building, 2nd Floor, Room W-212
Mail to: NF/SG VHS, Research Office, Compliance Core, 1601 SW Archer Road (151B), Gainesville, FL 32608-1197