

12. U.S. Army Medical Research and Development Command Form 60-R

VOLUNTEER REGISTRY DATA SHEET (USAMRDC 60-R)

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 Materiel 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 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 Number: _____
2. Protocol Title: _____
3. Contractor (Laboratory/Institute Conducting Study): _____
4. Study Period: From: ____/____/____ To: ____/____/____
DD MM YY DD MM YY
5. Principal/Other Investigator(s) Names(s):

6. Location/Laboratory:
_____/_____
_____/_____
_____/_____

PART B - VOLUNTEER INFORMATION

(To Be Completed By Volunteer)

PLEASE PRINT, USING INK OR BALLPOINT PEN

7. SSN: ____/____/____
8. Name: _____
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: _____
(Street) or (P.O. Box/Apartment Number)

(City) (Country) (State) (Zip Code)
- Permanent Home Phone Number: _____
14. *Local Address (If Different From Permanent Address): _____
(Street) or (P.O. Box/Apartment Number)

(City) (Country) (State) (Zip Code)
- Local Phone Number: _____
15. *Military Unit: _____ Zip Code: _____
- Organization: _____ Post: _____ Duty Phone Number: _____

VOLUNTEER REGISTRY DATA SHEET (USAMRDC 60-R) (continued)

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 ___/___/___
DD MM YY

If NO, date withdrawn: ___/___/___ Reason Withdrawn: _____
DD MM YY

18. Did any Serious or Unexpected Adverse Incident or Reaction Occur: Y:___ N:___ If YES, Explain:

19. *Volunteer Follow-up: _____

Purpose: _____

Date: ___/___/___ Was contact made: Y:___ N:___ If NO action taken, explain: _____
DD MM YY

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

21. *Product Information:

Product: _____

Manufacturer: _____

Lot #: _____ Expiration Date: _____

NDA # _____ IND/IDE #: _____

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

When completed, a copy of this form should be sent to the address below:

**Commander
U.S. Army Medical Research and Materiel Command
ATTN: MCMR-RCQ-HR
Fort Detrick, MD 21702-5012**