Yale University RDRC
Quarterly Report

Reporting Period Q1 ☐ Q2 ☐ Q3 ☐ Q4 ☐ **HIC Number**

HIC Title

Total Subjects for Reporting Period **Total Subjects Enrolled**

No. of Additional Doses *(if Applicable)* No. of Unapproved Doses *(if Applicable)*

Adverse Event ☐ Yes ☐ No **Previously Reported to RDRC?** ☐ Yes ☐ No

If Not reported please explain:

Aim(s)

Diagnosis # Approved Subjects

# of Subjects Injected Cumulative Total

Aim(s)

Diagnosis # Approved Subjects

# of Subjects Injected Cumulative Total

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Diagnosis # Approved Subjects

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Aim(s)

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# of Subjects Injected Cumulative Total

Additional Comments

PI

Signature Date