

Sticker

# **Jewish Hospital**

## **RESEARCH STUDY SYNOPSIS**

*(Required for every subject enrolled in a clinical trial. Place in the subject's medical record, behind the research tab).*

**SPONSOR:** \_\_\_\_\_ **PROTOCOL #:** \_\_\_\_\_ **IRB #:** \_\_\_\_\_  
**IDE/IND#** \_\_\_\_\_  
**STUDY TITLE:**

**ENROLLMENT DATE:**

**DRUG/DEVICE NAME:** \_\_\_\_\_  
*(For drug studies, please indicate where the drug is stored and who is responsible for dispensing)*  
**STUDY DESCRIPTION:**

**PRECAUTIONS / SPECIAL INSTRUCTIONS/ POTENTIAL RISKS:**

**PROHIBITED MEDICATIONS / PROCEDURES:**

**INVESTIGATOR NAME/CONTACT #:**

**COORDINATOR NAME/CONTACT #:**