GREENVILLE HEALTH SYSTEM
Clinical University

Clinical Trials Management Office

CLINICAL TRIAL ENROLLMENT FORM

INSTRUCTIONS: In accordance with the Greenville Health System Clinical Research Billing Policy, Principal Investigators, must submit this form monthly for each clinical trial currently enrolling subjects. This requirement does not apply to clinical trials closed to enrollment. Please submit this form via e-mail (CTMO@ghs.org) no later than five business days after the last day of each month.

Month Submitted

Department

Clinical Trial Revenue, Monthly Received

IRB #	Short Title of the Study	Principal Investigator	Obs. Study	Number of Subject Enrolled / month	Total Number of Subject Enrolled	New Study	Closed to Enroll.	Closed in IRB
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Research Manager Name

☐ By checking this box and typing my name, I am electronically signing my application.

Submit Form