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| **Research Information** |
| IRB Number |       |
| Protocol Number |       |
| Principal Investigator Name |       |
| National Clinical Trial Number |       |

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| **Patient Information** |
| Patient Name |       |
| Date of Birth |       |
| Patient MRN |       |
| Off-Study/Discharge Date |        |
| Off-Study Reason | [ ]  Study Completed [ ]  Early Term [ ]  Death/Drop/Withdrawal **Date:**      [ ]  Patient Discharged from UMC (*billing for research activities at UMC has ceased*)[ ]  Screen Failure |

This form must be provided electronically to the Clinical Trials Office via research@umcsn.com within 24 hours of patient off-study and/or discharged from UMC. By submitting the UMC CTO Off-Study Form the Principal Investigator or designee attest that all billable items/services and costs to UMC have concluded for the above referenced research participant for the above referenced clinical trial.

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| **UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA:** |  |
| Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |