**INVESTIGATOR SCHEDULE OF SOURCE DATA**

**Study Title:**

**Chief/Principle Investigator:**

**Sponsor Number/EDGE ID:**

**Study Site:**

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| --- | --- | --- |
| **Study Data Category** | **Source (e.g. hospital record, clinic chart, lab report)** | **CI/PI Initials** |
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I confirm that this is the complete source and that the monitor and auditor (if applicable) will be provided with all available source data when requested.

**Chief/Principle Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**