Emphasis Study Log

Research Coordinator: 604-827-1567 **FAX**: 604-827-4014

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Participant ID #	Name, Phone# and Email	Date DD/MM/YY	Recontacted Date DD/MM/YY	Eligible (Y/N)	(Y/N)	Pharmacist initials Documents Faxed
Study #	Name First:					
Site Number Participant Number	Last: Phone#					
Notes:	Cell: Home:					
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Notes:	Home:					
	Email					

Study # Site Number Participant Number	: Name First: Last: Phone# Cell: Home:			
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