CENTER FOR TRANSLATIONAL IMAGING (CTI) EVENT LOG

SUBJECT NAME_____D.O.B._____DEIDENTIFIER:_____

PRINCIPLE INVESTIGATOR:_____IRB NUMBER:_____

STUDY NAME:_____EVENT TYPE: _____

HOME PHONE:_____CELL PHONE: _____

DATE	TIME	DESCRIPTION OF ACTIVITY

FOLLOW UP ASSESMENT MADE VIA PHONE CALL BY RADIOLOGY NURSE/CRU NURSE WITHIN 24HRS BY:

R.N. NAME:_____ DATE/TIME:_____