

# Yale University RDRC Quarterly Report

Reporting  
Period

Q1

Q2

Q3

Q4

HIC Number

HIC Title

**Total Subjects for  
Reporting Period**

**Total Subjects Enrolled**

No. of Additional Doses  
(if Applicable)

No. of Unapproved Doses  
(if Applicable)

**Adverse Event**  Yes  No

**Previously Reported to RDRC?**  Yes  No

If Not reported  
please explain:

**Aim(s)**

Diagnosis

# Approved Subjects

# of Subjects Injected

Cumulative Total

**Aim(s)**

Diagnosis

# Approved Subjects

# of Subjects Injected

Cumulative Total

**Aim(s)**

Diagnosis

# Approved Subjects

# of Subjects Injected

Cumulative Total

**Aim(s)**

Diagnosis

# Approved Subjects

# of Subjects Injected

Cumulative Total

**Aim(s)**

Diagnosis

# Approved Subjects

# of Subjects Injected

Cumulative Total

**Aim(s)**

Diagnosis

# Approved Subjects

# of Subjects Injected

Cumulative Total

**Additional Comments**

PI

Signature

Date