



Enrollment Template

Health System & Site Name:

Location:

Total Eligible Patients:

Study Start Date:

STUDY WEEK	TOTAL PATIENTS ENROLLED	DATE
WEEK 1		
WEEK 2		
WEEK 3		
WEEK 4		
<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>
WEEK 5		
WEEK 6		
WEEK 7		
WEEK 8		
<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>
WEEK 9		
WEEK 10		
WEEK 11		
WEEK 12		
<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>
WEEK 13		
WEEK 14		
WEEK 15		
WEEK 16		
<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>
WEEK 17		
WEEK 18		
WEEK 19		
WEEK 20		
<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>	<i>Invoice ACC (\$100 per patient)</i>
WEEK 21		
WEEK 22		
WEEK 23		
WEEK 24		
TOTAL		