**Research Project Title:**

**Chief Investigator:**

|  |
| --- |
| **Date and time unblinding request was received:** |
|  |
| **ID of participant and trial site:** |
|  |
| **Name of person requesting the unblinding:** |
|  |
| **Project role of the person requesting the unblinding and call back number:** |
|  |
| **Pack ID number for the participant:** |
|  |
| **Result of request:** |
|  |
| **Request processed by:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Method (telephone, IVRS etc.):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |