

**VAMHCS Office of Research Compliance
CRF-DCF Template**

[TITLE OF DATA COLLECTION FORM]

[PERIOD / VISIT / COHORT]

[DATE_____]

[SUBJECT # / INITIALS]

**CUT AWAY HEADER, FOOTER AND
OTHER PORTIONS OF SPONSOR'S CRF.**

**PHYSICALLY PASTE THE DESIRED DATA COLLECTION
PORTION(S) OF CRF HERE.**

**THIS PAGE THEN BECOMES THE MASTER DOCUMENT
USED FOR PHOTOCOPYING ACTUAL DCF'S.**