

**Department of
Veterans Affairs**

Memorandum

Date: _____

From: Research

Subj: Research Documents for Scanning

To: Scanning (MAS/HIMS)

If you have any questions, please contact me at _____ (Enter Extension).

(Please check the contents of the Items to be Scanned Below)

Protocol

Amendment to Protocol

Approved Consent Form

Investigator's Brochure

Advertising Materials

Other: _____

Responsible Individual's Signature: _____

Print Name and Title: _____

(To be Filled Out by Medical Records)

Rcvd in HIMS SCANNING SECTION _____ (DATE & TIME)

Note Created in System _____ (DATE & TIME)

Document Scanned and attached to note _____ (DATE & TIME)

If Not Scanned State Reason

Entered on Log _____ (DATE & TIME) _____ (INITIALS)

Number of Pages: _____