UMC Utrecht

Note to File Log

Site number		Study name	**REMAP-CAP**
Site name		Protocol number	
PI name		Sponsor	**UMCU**

Reference	Topic Summary	Filing Location
Note to File Number	e.g. 'ICF patient x, date written by nurse', 'Missed visit x by patient y', etc.	e.g. 'ISF-tab 14b', 'patient source', etc.

☐ Continued on next page. (Add pages as required. Please complete header section on all pages.)