**1. CLINICAL TRIAL NAME**

*[Insert the name of the clinical trial*]

1. **PRINCIPAL INVESTIGATOR**

*[Insert the name of the Principal Investigator associated with the clinical trial specified above]*

1. **HUM/IRB APPROVAL NUMBER**

*[Insert the HUM/IRB approval number associated with the clinical trial]*

1. **NCT NUMBER N/A**

*[Insert the NCT number associated with the clinical trial or select N/A if not applicable]*

1. **RESEARCH EQUIPMENT MAINTENANCE LOG**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment Description** |  | | |
| **Owner/Sponsor** |  | | |
| **Model #** |  | | |
| **Serial #** |  | | |
| **Tag #** |  | | |
| **Maintenance Type** |  | | |
| **Maintenance Description** |  | | |
| **Performed By** |  | **Company/Department** |  |
| **Signature** |  | **Date Performed** |  |
| **Notes** |  | | |

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| --- | --- | --- | --- |
| **Equipment Description** |  | | |
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| **Notes** |  | | |