

**DATA CLARIFICATION FORM (DCF) FOR INDONESIA CLINICAL RESEARCH REGISTRATION (INA-CRR)**

**A. REGISTRY INFORMATION**

Username \_\_\_\_\_

Submission date \_\_\_\_\_

Study title

**B. DATA SET**

4. Secondary Identifiers

5. Primary sponsor

6. Source(s) of monetary or material support

7. Secondary sponsor

8. Other partner(s)

9. Principal Investigator

10. Public queries

11. Scientific queries

12. Scientific title

13. Public title

14. Material Transfer Agreement

15. Number of PPUK/PPUB

16. a. Countries of recruitment

17. b. Study sites in Indonesia

18. a. Study type

b. Study phase

c. Method of allocation (including 18d, allocation concealment if applicable)

e. Masking

f. Study intervention (study arm)

g. Control intervention

h. Intervention assignment

19. Inclusion and exclusion criteria

20. Type of enrolment

21. Sample size and enrolment

22. Primary outcome

23. Secondary outcome

24. Recruitment status

25. Date of study completion

26. Study results

A large, empty rectangular box with a thin black border, intended for the reviewer to enter their findings and conclusions regarding the study results.

27. Publication

28. URL for results sand publication

29. URL for protocol

30. IPD sharing

Others

**C. TRACKER**

*Please complete with the information of previous response from reviewer or researcher (either you or your team)*

Response/Feedback		Date
Reviewer	Researcher	
Reviewer	Researcher	
Reviewer	Researcher	
Reviewer	Researcher	
Reviewer	Researcher	
Reviewer	Researcher	

**D. RESEARCHER INFORMATION** (*Responsible person for this submitted DCF*)

Name \_\_\_\_\_

DCF submission date \_\_\_\_\_

INA-CRR number (if any) \_\_\_\_\_

Email