

NAME OF STUDY

Batch Cover Form

Batch NO.....

Batch Description

Date Received:

Form Centre:

Mailing Reference:

Contents:

Form Name	No of forms	No. Entered
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Processing

Date sent for DE: _____

Operator ID: _____

Data entered: _____ Signature _____

Data verified: _____ Signature _____

Date Data validated: _____ Signature _____

Date data Updated: _____ Signature _____

Date forms filed _____