

# Clinical Trial Data De-Identification Checklist

## Study Information

Study Title	
Principal Investigator	
Study ID/Protocol Number	
Date of Checklist Completion	
Completed by	

## Identifiers to Remove or Modify

Identifier	Removed/Modified?	Notes
Patient Names		
Geographic Information (addresses, cities, postal codes)		
Dates (birth, admission, discharge, death, etc.)		
Contact Information (phone, email)		
Medical Record/Account Numbers		
Device Identifiers/Serial Numbers		
Personal Identifiers (SSN, National ID, etc.)		
Photographs/Images		
Other Unique Identifiers		

## De-Identification Methods

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## Verification Steps

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## Comments/Notes

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