

Clinical Data Management Plan

Protocol Title: <Protocol Title>

Protocol Number: <#>

Version Number and Date:	Version <x.x>, <DDMMYYYY>
Funding Sponsor:	National Institute of Dental and Craniofacial Research
Study Principal Investigator:	<PI Name and credentials>
Data Coordinating Center Data Management Contact(s):	

Summary of Changes:

Version Number	Version Date	Affected Section(s)	Summary of Revisions Made: