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| --- |
| **PROTOCOL TITLE:** |
| **PROTOCOL NO.:** | **PRINCIPAL INVESTIGATOR:** | **SITE NAME:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Screening ID** | **Trial participant Initials** | **Gender** | **Date of****Informed Consent** | **Screening Date** | **Trial participant Enrolled** | **If Enrolled,****Insert Trial participant ID** | **If NOT enrolled,** **insert reason for screen failure** |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |
|  |  | [ ]  M [ ]  F |  |  | [ ]  Yes [ ]  No |  |  |