|  |  |  |
| --- | --- | --- |
| **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 |  |  |