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| **SCREENING LOG** |
| **PI Name:** Click or tap here to enter text. | **Protocol:** Click or tap here to enter text. | **IRB Number:** Click or tap here to enter text. |
| **Subject ID Number** | **Date of Consent** | **Date Screened** | **Eligible for Enrollment?** | **Ineligibility Reason** |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |
|  |  |  | [ ]  Yes [ ] No |  |