Eligibility Checklist

|  |  |
| --- | --- |
| Protocol Title |  |
| Protocol # |  |
| Principal Investigator |  |
| Subject ID |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Inclusion Criteria** | **Yes** | **No** | **Not Assessed** |
|  |  |  |  |

*If NO or NOT ASSESSED is ticked for any of the above inclusion criteria-do NOT include the patient in the trial*

|  |  |  |  |
| --- | --- | --- | --- |
| **Exclusion Criteria** | **Yes** | **No** | **Not Assessed** |
|  |  |  |  |

*If YES or NOT ASSESSED is ticked for any of the above exclusion criteria-do NOT include the patient in the trial*

|  |  |  |
| --- | --- | --- |
| Is the patient eligible for the trial? | Yes  No | |
| Eligibility Assed by |  | Date: |
| Principal Investigator Signature |  | Date: |