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| **Screening/Subject number**  | **Subject Initials** | **Date of consent****(dd/mmm/yyyy)** | **Date of screening****(dd/mmm/yyyy)** | **Subject Eligible****Y/N**  | **If ineligible, reason(s) for ineligibility (eg: did not meet inclusion criteria)** | **Date of enrolment****(dd/mmm/yyyy)** | **Subject Study ID** | **Comment** |
|  |  |  |  | [ ]  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 |  |  |  |  |
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|  |  |  |  | [ ]  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 |  |  |  |  |
| **Screening/Subject number**  | **Subject Initials** | **Date of consent****(dd/mmm/yyyy)** | **Date of screening****(dd/mmm/yyyy)** | **Subject Eligible****Y/N**  | **If ineligible, reason(s) for ineligibility (eg: did not meet inclusion criteria)** | **Date of enrolment****(dd/mmm/yyyy)** | **Subject Study ID** | **Comment** |
|  |  |  |  | [ ]  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 |  |  |  |  |