

SCREENING/ENROLLMENT LOG

Principal Investigator: _____ IRB #: _____ Sponsor: _____

Study Title: _____

| Potential Subject | Subject Demographics | | Date of Pre-Enrollment Screening* | Subject Enrolled** (yes/no) | Date Consent Obtained | Copy of signed/dated consent given to Subject | If not enrolled, Reason for Exclusion/Comments |
|-------------------|---|----------------|-----------------------------------|---|-----------------------|---|--|
| | Gender | Race/Ethnicity | | | | | |
| 1 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 2 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 3 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 4 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 5 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 6 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 7 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 8 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 9 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 10 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 11 | M <input type="checkbox"/> F <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |

* Pre-enrollment screening = determining subject eligibility through medical record review, telephone interview, and/or in person interview.

** Enrollment occurs when the consent form is signed, not when the subject is randomized.