# SAMPLE ELIGIBILITY CHECKLIST

## Study Name

|  |  |
| --- | --- |
| **Site ID:**  **Participant ID:** | **Date (dd/mmm/yyyy):**  **Visit Type: [Screening/Baseline]** |

### Inclusion Criteria

*Participant must:*

|  |  |  |
| --- | --- | --- |
| 1. Inclusion 1 description | Yes | No |
| 1. Inclusion 2 description | Yes | No |
| 1. Inclusion 3 description | Yes | No |
| 1. Inclusion 4 description | Yes | No |
| 1. Inclusion 5 description | Yes | No |
| 1. Inclusion 6 description | Yes | No |

Note: All Inclusion Criteria must be answered YES, to be included in study.

### Exclusion Criteria

*Participant must not:*

|  |  |  |
| --- | --- | --- |
| 1. Exclusion 1 description | Yes | No |
| 1. Exclusion 2 description | Yes | No |
| 1. Exclusion 3 description | Yes | No |
| 1. Exclusion 4 description | Yes | No |
| 1. Exclusion 5 description | Yes | No |
| 1. Exclusion 6 description | Yes | No |

Note: All Exclusion Criteria must be answered NO, to be included in study.

|  |  |  |
| --- | --- | --- |
| Did the participant meet the eligibility requirements for this study? | Yes | No |

Completed by (Investigator Signature):

Date (dd/mmm/yyyy):

*Version\_November 2020*