# SAMPLE ELIGIBILITY CHECKLIST[ ]

## Study Name

|  |  |
| --- | --- |
| **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*