

PATIENT'S INFORMATION
(Please Stick Label)

SCREENING FOR RESEARCH SUBJECT

Study Title			
Study Protocol Number			
Sponsor			
Principal Investigator			
A. Eligibility Criteria			
Inclusion Criteria (Must be Yes to all)	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion Criteria (Must be No to all)	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
B. Recruitment			
Do patient recruited into the study	<input type="checkbox"/>	<input type="checkbox"/>	
If No Why: <input type="checkbox"/> Meet the exclusion criteria <input type="checkbox"/> Patient not willing to participate <input type="checkbox"/> Others: _____			
Name and Signature of Investigator Obtaining Informed Consent		Date:	Time:
Name and Signature of Study Coordinator		Date:	Time: