**[](http://bit.ly/2W2l26V)ELIGIBILITY CRITERIA INCLUSION-EXCLUSION CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| PARTICIPANT ID |  | | |
| SITE |  | SITE NUMBER |  |
| VISIT TYPE | Screening  Baseline | DATE |  |

Answer each of the criteria by checking the box marked Yes or No. A subject is eligible if they meet all of the inclusion criteria and do not meet any of the exclusion criteria. Add supporting documentation, as relevant, to this form.

Participant must answer YES to all inclusion criteria to be included in study:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | INCLUSION CRITERIA | SOURCE / COMMENTS | MEETS CRITERIA  Yes / No | | INITIALS & DATE  of Verifying Staff |
| 1 |  |  | Yes | No |  |
| 2 |  |  | Yes | No |  |
| 3 |  |  | Yes | No |  |
| 4 |  |  | Yes | No |  |
| 5 |  |  | Yes | No |  |
| 6 |  |  | Yes | No |  |
| 7 |  |  | Yes | No |  |
| 8 |  |  | Yes | No |  |

Participant must answer NO to all exclusion criteria to be included in study:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | EXCLUSION CRITERIA | SOURCE / COMMENTS | MEETS CRITERIA  Yes / No | | INITIALS & DATE  of Verifying Staff |
| 1 |  |  | Yes | No |  |
| 2 |  |  | Yes | No |  |
| 3 |  |  | Yes | No |  |
| 4 |  |  | Yes | No |  |
| 5 |  |  | Yes | No |  |
| 6 |  |  | Yes | No |  |
| 7 |  |  | Yes | No |  |
| 8 |  |  | Yes | No |  |

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name and Title of Verifying Research Staff Member | Signature of Verifying Research Staff Member | *Date* |

|  |
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