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| **SUBJECT ELIGIBILITY CRITERIA CHECKLIST** |

**Study Information**

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| --- | --- |
| Protocol Title: |  |
| Protocol Number: |  |
| Principal Investigator: |  |

**Subject Information:**

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| --- | --- |
| Subject Name/ID: |  |
| Gender: | Male  Female |

Inclusion/Exclusion Criteria

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| **Inclusion Criteria**  *(From IRB approved protocol)* | **Yes** | **No** | Supporting Documentation\* |
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| **Exclusion Criteria** *(From IRB approved protocol)* |  | | |
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**\***All subject files must include supporting documentation to confirm subject eligibility. The method of confirmation can include, but is not limited to, laboratory test results, radiology test results, subject self-report, and medical record review.

**Person completing form:**

|  |  |
| --- | --- |
| Signature: | Date: |
| Printed Name: | |

**Confirmation of Eligibility (to be completed by a PI or Sub-Investigator)**

I have reviewed all relevant source documents and confirm this subject is:

**Eligible** /  **Ineligible** for participation in the study.

|  |  |
| --- | --- |
| Signature: | Date: |
| Printed Name: | |