

Inclusion/Exclusion Criteria

STUDY NAME: _____	
Site Number: _____	Visit Date: ____ / ____ / ____ dd mmm yyyy
Pt_ID: _____	
Visit Type (check one): <input type="checkbox"/> Screening <input type="checkbox"/> Baseline	

Inclusion Criteria

Participant must:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| 1. Inclusion 1 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Inclusion 2 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Inclusion 3 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Inclusion 4 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Inclusion 5 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Inclusion 6 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Exclusion Criteria

Participant must not:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| 1. Exclusion 1 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Exclusion 2 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Exclusion 3 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Exclusion 4 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Exclusion 5 description | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Exclusion 6 description | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

Investigator Signature: _____

____ / ____ / ____
dd mmm yyyy