

**Participant Screening Log**

<b>Patient initials</b> (forename, surname)	<b>Date of Birth</b> (dd/mm/yyyy)	<b>Gender</b> (m/f)	<b>Screening date</b> (dd/mm/yyyy)	<b>Eligibility</b>	<b>If not eligible, primary reason</b>	<b>Consent obtained</b>	<b>Enrolled</b>	<b>If not enrolled, primary reason</b>	<b>Date enrolled (i.e, date consent form was signed)</b> (dd/mm/yyyy)
				<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consent withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	
				<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consent withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	
				<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consent withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	
				<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consent withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	
				<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consent withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	
				<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consent withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	