

<b>Sponsor Number:</b>	
<b>IRAS Number:</b>	
<b>EDGE number:</b>	
<b>Study Title:</b>	
<b>Chief Investigator:</b>	
<b>Site Number and Name:</b>	
<b>Principal Investigator:</b>	

## Participant Screening Log

**This screening log must not contain patient identifiable data  
Update this form each time a participant is screened and retain in the Site File**

Date of Screening	Screening Number	Initials	Year of Birth	Enrolled		Participant ID Number (if enrolled)	Reason if not enrolled
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		



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