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| **Screening Log** |

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| --- | --- | --- | --- |
| **Study Title:** | | **Eudract:** | **JREO Number:** |
| **PI:** | **Site Name and Number:** | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Screening Number** | **Subject Initials** | **Date of Birth (dd/mm/yyyy)** | **Date of Consent Signed (dd/mm/yyyy)** | **Date Screened (dd/mm/yyyy)** | **Is subject eligible to participate into trial** | **Trial ID** | **Comments** |
|  |  |  |  |  | 🞏 Yes, Provide Trial ID  🞏 No, Provide comment |  |  |
|  |  |  |  |  | 🞏 Yes, Provide Trial ID  🞏 No, Provide comment |  |  |
|  |  |  |  |  | 🞏 Yes, Provide Trial ID  🞏 No, Provide comment |  |  |
|  |  |  |  |  | 🞏 Yes, Provide Trial ID  🞏 No, Provide comment |  |  |
|  |  |  |  |  | 🞏 Yes, Provide Trial ID  🞏 No, Provide comment |  |  |

**Principal Investigator Signature­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_**

Original copy must be kept in the investigator's file. A copy must be sent to St George’s JREO with patient identifiers (columns 2 & 3) masked