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| Sample Eligibility Checklist |

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| Study Title | |
| Participant ID | Protocol Version No |
| Principal investigator | Study site |

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| **Inclusion criteria**  ☞ All inclusion criteria should be answered **YES** for a participant to be eligible for the study | | | | |
| Criteria | Yes | No | Source documents  Name/ location | Date confirmation |
| Inclusion criteria 1 |  |  |  |  |
| Inclusion criteria 2 |  |  |  |  |
| Inclusion criteria 3 |  |  |  |  |
| Inclusion criteria 4 |  |  |  |  |
| Inclusion criteria 5 |  |  |  |  |
| Inclusion criteria 6 |  |  |  |  |
| Inclusion criteria 7 |  |  |  |  |
| **Exclusion criteria**  ☞ All exclusion criteria should be answered **NO** for a participant to be eligible for the study | | | | |
| Exclusion criteria 1 |  |  |  |  |
| Exclusion criteria 2 |  |  |  |  |
| Exclusion criteria 3 |  |  |  |  |
| Exclusion criteria 4 |  |  |  |  |
| Exclusion criteria 5 |  |  |  |  |
| Exclusion criteria 6 |  |  |  |  |
| Exclusion criteria 7 |  |  |  |  |

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| Does patient eligible for study | **YES**: Participant is eligible for the study. all inclusion criteria  is YES and all exclusion criteria is NO  **NO**: participant is not eligible for the study. one or more inclusion  criteria is NO and one or more exclusion criteria is Yes |
| Study investigator | I have reviewed all the study inclusion and exclusion criteria and confirm that this participant is eligible for the study  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Instructions ⚠**   * Use only ethical review board approved inclusion and exclusion criteria * State each inclusion and exclusion in separate rows. Don’t merge two criteria * Mention relevant source document(s) and its location. For example, inclusion criteria age > 30 years **source document participant ID card** **location hospital record room participant file** * Create more rows for inclusion or exclusion criteria if required. * Only authorized staff (as per delegation of authority log) should screening participants * Study investigator must sign and date the confirmation section |