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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
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