# Checklist for Participant Eligibility Criteria

All participants enrolled must meet eligibility criteria based on the inclusion/exclusion criteria detailed in the protocol and approved by the HREC. Complete the criteria below in accordance with your protocol.

## Study Information

|  |  |  |
| --- | --- | --- |
| Principal Investigator | |  |
|  |  | |
| Study Title |  | | |

## Participant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Participant ID number |  | Subject Name |  |
|  | Male  Female |  |  |

## Inclusion/Exclusion Criteria

|  |  |  |  |
| --- | --- | --- | --- |
| Inclusion Criteria  (From HREC approved protocol) | Yes | No | Supporting Documentation\* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Exclusion Criteria  (From HREC approved protocol) | Yes | No | Supporting Documentation\* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*All subject files must include supporting documentation to confirm subject eligibility. The method of confirmation can include, but is not limited to, laboratory test results, radiology test results, subject self-report, and medical record review.

**Statement of Eligibility**

This patient is  eligible for participation in the study.

This patient is  ineligible for participation in the study.

**PI Signature:**   **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_