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| --- | --- | --- | --- | --- |
| **Inclusion Criteria** | **Criterion Met?**  **All Must be “Yes”** | | **Supporting Documentation\*** | **Comments** |
| Copy from IRB Approved Protocol | Yes | No |  |  |
| Copy from IRB Approved Protocol | Yes | No |  |  |
| Copy from IRB Approved Protocol | Yes | No |  |  |
| Copy from IRB Approved Protocol | Yes | No |  |  |

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| **Exclusion Criteria** | **Criterion Met?**  **All Must be “No”** | | **Supporting Documentation\*** | **Comments** |
| Copy from IRB Approved Protocol | Yes | No |  |  |
| Copy from IRB Approved Protocol | Yes | No |  |  |
| Copy from IRB Approved Protocol | Yes | No |  |  |
| Copy from IRB Approved Protocol | Yes | No |  |  |

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

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| STATEMENT OF ELIGIBILITY  The subject is:  **eligible** /  **ineligible** for participation in the above-named study based on the inclusion / exclusion criteria. | |
| Signature of Investigator Assessing Eligibility | Date (MM/DD/YYYY) |
| Printed Name of Investigator Assessing Eligibility | Role on Project |
|  |  |

Printed Name of Person Completing the Checklist Date (MM/DD/YYYY)