

(PRE) SCREENING LOG

Protocol Title:

IRB Protocol #:

Sponsor:

Principal Investigator:

	*Subject (screening #)	Date Screened	Eligible (yes/no)	Date of Consent (or N/A if not applicable)	**Subject # and/or Randomization # assigned (if applicable)	Reason for Exclusion/Screen Failure
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

*It is recommended that you use a non-identifying or random number to identify subjects at pre-screening (no initials). A key to re-identify should not be shared unless approved by the IRB and/or a HIPAA waiver of authorization is obtained.

** This column is optional. To be completed for subjects who enter the study, after they sign consent/applicable HIPAA form(s).