# Randomization and Enrollment Form

**STUDY NAME**

**Protocol Number:**

**Site Name:**

**Pt\_ID:**

**Form Completion Date:**

 / /    .

 d d m m m y y y y

Is the participant eligible for the study based on inclusion and exclusion criteria?

 Yes

 No **(If no, leave the rest of the form blank.)**

If yes:

1. Date enrolled (signed informed consent form):

 / / .

 d d m m m y y y y

1. Date all eligibility criteria met:

 / / .

 d d m m m y y y y

1. Date randomized:

 / / .

 d d m m m y y y y

or

1. If eligible and not randomized, indicate reason:\*

 Failed to return  Declined participation  Other (specify):

\*Optional