# 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?

Checkbox. Yes

Checkbox. 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:\*

Checkbox. Failed to return Checkbox. Declined participation Checkbox. Other (specify):

\*Optional