

## Subject Eligibility Criteria Checklist

All subjects enrolled must meet eligibility criteria based on the inclusion/exclusion criteria detailed in the application and approved by the IRB.

### I. Study Information

<b>Protocol Title:</b>	
<b>Protocol #:</b>	
<b>Principal Investigator:</b>	
<b>Sponsor:</b>	

### II. Subject Information:

<b>Subject Initials/ID:</b>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### III. Inclusion/Exclusion Criteria

Inclusion Criteria (From IRB approved protocol)	Yes	No	Supporting Documentation*
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion Criteria (From IRB approved protocol)			
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	

8.	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	

\*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.

#### IV. Statement of Eligibility

This subject is [  **eligible** /  **ineligible** ] for participation in the study.

Signature:	Date:
Printed Name:	