

(PRE) SCREENING LOG

Principal Investigator:

HRC Protocol #:

Study Title:

Sponsor:

* Subject	Date Screened	Met Eligibility Criteria		Reason for Exclusion/Screen Failure	For Subjects Eligible and Signing Consent	
					Date of Consent	Subject Study #
1		Y <input type="checkbox"/>	N <input type="checkbox"/>			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>			
3		Y <input type="checkbox"/>	N <input type="checkbox"/>			
4		Y <input type="checkbox"/>	N <input type="checkbox"/>			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>			
6		Y <input type="checkbox"/>	N <input type="checkbox"/>			
7		Y <input type="checkbox"/>	N <input type="checkbox"/>			
8		Y <input type="checkbox"/>	N <input type="checkbox"/>			
9		Y <input type="checkbox"/>	N <input type="checkbox"/>			
10		Y <input type="checkbox"/>	N <input type="checkbox"/>			
11		Y <input type="checkbox"/>	N <input type="checkbox"/>			
12		Y <input type="checkbox"/>	N <input type="checkbox"/>			
13		Y <input type="checkbox"/>	N <input type="checkbox"/>			
14		Y <input type="checkbox"/>	N <input type="checkbox"/>			
15		Y <input type="checkbox"/>	N <input type="checkbox"/>			

* Use a pre-screening number, initials, or first name to identify subjects at pre-screening, to be HIPAA compliant, see “Pre-Screening of Subjects” HRC guidance document: <http://healthcare.partners.org/phsirb/prescreen.htm>