Investigator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol/IRB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Subject ID** | **Date of Consent** | **Consent IRB Approval Date** | **Date Screened** (if not same as consent date) | **Eligible for Enrollment** (Y/N) | **Reason for Ineligibility/Screen Fail** (if applicable) |
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