Inclusion/Exclusion Criteria

STUDY NAME	
Site Number: _____	**Visit Date:** ___ ___ / ___ ___ ___ / 2 0 ___ ___ d d m m m y y y y
Pt_ID: _____	

Visit Type (circle one):   Screening   Baseline

Inclusion Criteria

Participant must:

1. Inclusion 1 description ☐Yes ☐No

2. Inclusion 2 description ☐Yes ☐No

3. Inclusion 3 description ☐Yes ☐No

4. Inclusion 4 description ☐Yes ☐No

5. Inclusion 5 description ☐Yes ☐No

6. Inclusion 6 description ☐Yes ☐No

Note: All Inclusion Criteria must be answered YES, to be included in study.

Exclusion Criteria

Participant must not:

1. Exclusion 1 description ☐Yes ☐No

2. Exclusion 2 description ☐Yes ☐No

3. Exclusion 3 description ☐Yes ☐No

4. Exclusion 4 description ☐Yes ☐No

5. Exclusion 5 description ☐Yes ☐No

6. Exclusion 6 description ☐Yes ☐No

Note: All Exclusion Criteria must be answered NO, to be included in study.

Did the participant meet the eligibility requirements for this study?   ☐ Yes   ☐ No