Randomization and Enrollment Form

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

Visit Type: **Baseline**   **Randomization**

Is the participant eligible for the study based on Inclusion and Exclusion criteria? ☐Yes   ☐No
(If no leave the rest of the form blank)

If yes:

1. Date enrolled (met all eligibility criteria):   _____/_____/_____ (dd/mmm/yyyy)

2. Date randomized if different from enrolled: _____/_____/_____ (dd/mmm/yyyy)

   or

3. If eligible and not randomized, indicate reason: *

   ☐Failed to return   ☐Declined participation   ☐Other (specify): _____

   Optional