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| **Inclusion Criteria**  | **Criterion Met?****All Must be “Yes”** | **Supporting Documentation\*** | **Comments** |
| Copy from IRB Approved Protocol | Yes [ ]   | No [ ]  |  |  |
| Copy from IRB Approved Protocol | Yes [ ]   | No [ ]  |  |  |
| Copy from IRB Approved Protocol | Yes [ ]   | No [ ]  |  |  |
| Copy from IRB Approved Protocol | Yes [ ]   | No [ ]  |  |  |

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| **Exclusion Criteria**  | **Criterion Met?****All Must be “No”** | **Supporting Documentation\*** | **Comments** |
| Copy from IRB Approved Protocol | Yes [ ]   | No [ ]  |  |  |
| Copy from IRB Approved Protocol | Yes [ ]   | No [ ]  |  |  |
| Copy from IRB Approved Protocol | Yes [ ]   | No [ ]  |  |  |
| Copy from IRB Approved Protocol | Yes [ ]   | No [ ]  |  |  |

*\*All subject files must include supporting documentation to confirm eligibility. The method of confirmation can include, but is not limited to, laboratory test results, radiology test results, subject self-report, and medical records.*

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| STATEMENT OF ELIGIBILITYThe subject is: [ ]  **eligible** / [ ]  **ineligible** for participation in the above-named study based on the inclusion / exclusion criteria. |
| Signature of Investigator Assessing Eligibility | Date (MM/DD/YYYY) |
| Printed Name of Investigator Assessing Eligibility  | Role on Project  |
|  |  |

 Printed Name of Person Completing the Checklist Date (MM/DD/YYYY)