

Investigational Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Participant ID#: \_\_\_\_\_

This checklist must include **all** inclusion and exclusion criteria specific to the protocol. This form must be completed and signed by all listed below before a research candidate can be considered enrolled in the study, even though they have completed the informed consent process.

**Inclusionary Criteria**

#	Criteria	Meets	Does not meet
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>

**Exclusionary Criteria**

#	Criteria	Meets	Does not meet
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>

Candidacy Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_