

# Randomization and Enrollment Form

<b>STUDY NAME:</b> _____	
<b>Site Number:</b> _____	<b>Visit Date:</b> ____/____/____ dd mmm yyyy
<b>Pt_ID:</b> _____	
<b>Visit Type (check one):</b> <input type="checkbox"/> <b>Screening</b> <input type="checkbox"/> <b>Baseline</b>	

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)
3. Assigned Group or Kit Number: \_\_\_\_\_
4. Starting Dose: \_\_\_\_\_ [specify units]\*
5. Frequency: \_\_\_\_\_ \*
6. If eligible and not randomized, indicate reason: \*

Failed to return       Declined participation       Other (specify): \_\_\_\_\_

*\* Optional*

Date Informed Consent Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mmm yyyy