|  |  |  |  |
| --- | --- | --- | --- |
| TGHN-256x151px | **[name of institution or group]** |  | **Pre-screen eligibility checklist** |
| Trial number |  | Sponsor |  |

Suggested fields, for adaption according to the protocol

|  |  |
| --- | --- |
| Volunteer name |  |
| Folder number |  |
| Date of birth |  |
| Gender (M/F) |  |
| First language |  |
| Home address |  |
| Phone number |  |
| Alternative contact person |  |
| Medical history |  |
| Eligibility criteria met yes/no (if no, state reason) |  |
| Date for evaluation visit |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Completed by | **Designation** | Signature | **Date** |
|  |  |  |  |