**Site Screening and Enrollment Log**

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| **PI Name:** | **Protocol Title:** | **IRB Number or Site Number:** |

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| **Date Screened** | **Subject Initials or Name** | **Date of Birth** | **Gender** | **Race** | **Eligible for Enrollment?** | **Ineligibility Reason** **(if applicable)** | **If consented, Subject ID** | **If consented, date signed consent** |
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**NOTE: This form can be modified for your specific study. If you have future contact or future use of samples, you may want to capture that information on this form as well.**