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| **ENROLMENT AND PATIENT IDENTIFICATION LOG** | | | |
| **Study Title:** |  | | |
| **Study Acronym:** |  | | |
| **Chief Investigator:** |  | | |
| **Sponsor:** |  | | |
|  |  |  |  |
| **Site Name:** |  | | |
| **Principal Investigator:** |  | | |
|  |  | | |
| **Guidance:** | If a patient is successfully screened, please complete the enrolment and patient identification log prospectively. | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Initials** | **Hospital No.**  **or CHI No.** | **Date of birth** | **Date enrolled** | **Enrolment No.** | **Date withdrawn** | **Withdrawn reason** |
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**Principal Investigator (PRINT)** **Investigator’s Signature Date**

To be signed at close out