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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| **Initials** | **Hospital No.** **or CHI No.** | **Date of birth** | **Date enrolled** | **Enrolment No.** | **Date withdrawn**  | **Withdrawn reason** |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