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| **Study Title:** |  |
| **IRB Study #:** |  |
| **Principal Investigator:** |  |

**NOTE:**

* **IRB review and approval of the screening script and questions to be asked is required**
* **Do not document any personal information or identifiers on this form (e.g., name or birth date) unless approved to do so by the IRB as part of the screening process**

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| **Screen #** | **Participant****ID**  |  **Date** | **Eligible** **Y / N** | **Brief Reason for Screen Failure**  | **Person Conducting Screen** |
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