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| **HOPE PTID** | **Screening Date\*** | **Staff Initials (Screening)** | **Scheduled Enrollment Date  (or NA if not enrolled)** | **MTN-032**  **PTID** | **Enrollment Date\*** | **Reason for Screening**  **or Enrollment Failure**  **(or N/A if enrolled)** | **Staff Initials (Enrollment)** |
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All dates should be entered as DD/MMM/YY.

The PSF CRF should also be completed with the reasons for screening or enrollment failure. Note that “unable to contact participant” after multiple attempts is considered a screening failure.

\*The Screening Date is the date the Screening/ Recruitment Checklist is administered. The Enrollment Date is the date which the IC is signed and eligibility is confirmed.