|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ASPIRE PTID** | **ScreeningDate\*** | **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)** |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |
|   |  |  |   |   |  |   |   |

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.