CYCLE

Screening Log

Week: Mon_____ to Fri_____, _____
_____ (year)

Total # ICU Admissions This Week: [____]

Site:_____

Screening Days This Week (Please X all screening days):

M	T	W	Th	F

Patient Information			CYCLE Eligibility				CYCLE Enrollment						
#	Pt Initials	Age (yrs)	Date of Screening (dd-mmm-yyyy)	List all exclusion criteria codes met	If exclusion code =2.12, enter all exemption codes	Meets all screening criteria? (y/n)	Pt enrolled (y/n)	If no, indicate code for reason eligible but not randomized (code and brief description)	Date of Consent (dd-mmm-yyyy)	Pt Randomization #	Date of Randomization (dd-mmm-yyyy)	Treatment Arm	Date of Study Day 1 (dd-mmm-yyyy)
1													
2													
3													
4													
5													
6													
7													

Please send monthly to Stacey Priest at priests@mcmaster.ca
As of August 15, 2018

Version date Screening Form used:_____

CYCLE

	Patient Information		CYCLE Eligibility				CYCLE Enrollment						
#	Pt Initials	Age (yrs)	Date of Screening (dd-mmm-yyyy)	List all exclusion criteria codes met	If exclusion code =2.12, enter all exemption codes	Meets all screening criteria? (y/n)	Pt enrolled (y/n)	If no, indicate code for reason eligible but not randomized (code and brief description)	Date of Consent (dd-mmm-yyyy)	Pt Randomization #	Date of Randomization (dd-mmm-yyyy)	Treatment Arm	Date of Study Day 1 (dd-mmm-yyyy)
8													
9													
10													
11													
12													
13													
14													
15													

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