

Candidate ID: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Date Form Was Completed: \_\_/\_\_/\_\_\_\_  
(MM/DD/YYYY)

<p><b>1. Site Protocol Number:</b></p>	
<p><b>2. Name of person who performed screening:</b></p>	
<p><b>3. Does the participant meet all eligibility criteria defined within the study protocol?</b></p>	<p>Select One:</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No – <b>Choose Option for Reason Given:</b></p> <p><input type="radio"/> Not age of majority for institution/state</p> <p><input type="radio"/> Tumor is metastasis from another tissue or organ</p> <p><input type="radio"/> Size of the tumor</p> <p><input type="radio"/> Participant received or is undergoing chemotherapy or radiation for any previous or current cancer</p> <p><input type="radio"/> Other, specify</p>
<p><b>4. Was consent obtained?</b></p>	<p>Select One:</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No – <b>Choose Option for Reason Given:</b></p> <p><input type="radio"/> Religious reasons</p> <p><input type="radio"/> Not recommended by surgeon</p> <p><input type="radio"/> Felt pressured</p> <p><input type="radio"/> Too distraught at the time</p> <p><input type="radio"/> Needed more time to make decision</p> <p><input type="radio"/> Uncomfortable with risks</p> <p><input type="radio"/> Afraid it may affect surgery</p> <p><input type="radio"/> Disagree with bio-banking</p> <p><input type="radio"/> Patient did not show up as scheduled</p> <p><input type="radio"/> Other – <b>Specify other reason:</b></p>
<p><b>5. Name of person consenting candidate:</b></p>	
<p><b>6. Comments to Consent Section:</b></p>	