

# ACORN<sub>®</sub>

## Participant Screening Logbook

| Lab specimen ID | Date | Patient Name | Hospital ID number | Screening outcome   | Non-enrolment reason   | Sign/Initial of ACORN-lite staff |
|-----------------|------|--------------|--------------------|---|--|----------------------------------|
|                 |      |              |                    | <input type="checkbox"/> Not eligible<br><input type="checkbox"/> Eligible - enrolled<br><input type="checkbox"/> Eligible – not enrolled | <input type="checkbox"/> Refused<br><input type="checkbox"/> Other |                                  |
|                 |      |              |                    | <input type="checkbox"/> Not eligible<br><input type="checkbox"/> Eligible - enrolled<br><input type="checkbox"/> Eligible – not enrolled | <input type="checkbox"/> Refused<br><input type="checkbox"/> Other |                                  |
|                 |      |              |                    | <input type="checkbox"/> Not eligible<br><input type="checkbox"/> Eligible - enrolled<br><input type="checkbox"/> Eligible – not enrolled | <input type="checkbox"/> Refused<br><input type="checkbox"/> Other |                                  |
|                 |      |              |                    | <input type="checkbox"/> Not eligible<br><input type="checkbox"/> Eligible - enrolled<br><input type="checkbox"/> Eligible – not enrolled | <input type="checkbox"/> Refused<br><input type="checkbox"/> Other |                                  |
|                 |      |              |                    | <input type="checkbox"/> Not eligible<br><input type="checkbox"/> Eligible - enrolled<br><input type="checkbox"/> Eligible – not enrolled | <input type="checkbox"/> Refused<br><input type="checkbox"/> Other |                                  |
|                 |      |              |                    | <input type="checkbox"/> Not eligible<br><input type="checkbox"/> Eligible - enrolled<br><input type="checkbox"/> Eligible – not enrolled | <input type="checkbox"/> Refused<br><input type="checkbox"/> Other |                                  |
|                 |      |              |                    | <input type="checkbox"/> Not eligible<br><input type="checkbox"/> Eligible - enrolled<br><input type="checkbox"/> Eligible – not enrolled | <input type="checkbox"/> Refused<br><input type="checkbox"/> Other |                                  |
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|                 |      |              |                    | <input type="checkbox"/> Not eligible<br><input type="checkbox"/> Eligible - enrolled<br><input type="checkbox"/> Eligible – not enrolled | <input type="checkbox"/> Refused<br><input type="checkbox"/> Other |                                  |
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