Adolescent Clinical Trial Enrollment Checklist

Participant Information Participant Name Date of Birth Participant ID Study Title **Eligibility Review** Age meets inclusion criteria Meets all inclusion criteria Does NOT meet any exclusion criteria Medical history reviewed Physical exam completed **Consent & Assent** Parental/guardian consent signed Adolescent assent obtained Consent/assent process explained **Enrollment Procedures** Participant registered in study database Screening labs/tests completed Baseline data recorded

Additional Notes

Randomization (if applicable)

