ACTION-1
ACT and open AAA

V2020.002, 03-04-2020

DIJKLANDER ZIEKENHUIS

Screening, Enrolment & Identification Log			Page ___ of ____
CME nr:	NL66759.029.19	Principal Investigator:	
Trial title:	ACTION-1	Site:	

Name subject	Initials subject	Date of birth (dd/mm/yyyy)	Sex (m/f)	File#	Screening-date (dd/mm/yyyy)	Screening result (= eligible) (Y/N)	Date enrolment (= consent) (dd/mm/yyyy)	If not enrolled/ Randomised or prematurely terminated: Give date and reason/remark

At end of trial Signature principal investigator _____ Date _____