***Sample* Master List**

*Remove instructions in red.*

*Modify identifiers to be collected (noted in blue font). These are provided as examples only.*

(The master list will be locked in a separate cabinet from the Data Collection/
Capture Sheet)

**Protocol Title:**

|  |  |  |
| --- | --- | --- |
| ***Patient Name or other direct identifier***  |  ***Second direct identifier such as hospital # (not required)*** | **Unique participant code** |
|  |  |  |
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