# CO-ENROLMENT

*Please use this form to document any participant co-enrolment with another clinical trial. Please refer to ACCORD POL008.*

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| Please enter text in relation to guidance for co-enrolment with CTIMP and non-CTIMP studies as outlined in the study protocol. |
| Please enter text in relation to guidance for co-enrolment with non-interventional research studies as outlined in the study protocol. |
| Is the participant currently involved in any other clinical research? | ☐ Yes ☐ No |
| If yes, please provide details of study(ies) below: |
| Study Name: | **Study Type:** | CTIMP  | ☐ |
| Interventional non-CTIMP | ☐ |
| Observational non-CTIMP | ☐ |
| Date of co-enrolment |  / / *(DD/MM/YYYY)* |  |
| Is approval for co-enrolement required according to protocol? | ☐ Yes  | ☐ No |
| If yes, approval in place*If this is answered no please complete protocol non-compliance as required* | ☐ Yes  | ☐ No |

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| *Completed by Signature* | *Print Name* | *Date (DD/MM/YYYY)* |