# 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)* |