*Note: This log captures all subjects who have signed an informed consent form, irrespective of their enrolment status. It should be filed in the Investigator Site File.*

| **#** | **Hospital chart no.**  (if available) | **First name** | **Last name** | **Date of birth** | **Date of informed consent & ICF version** | **Enrolled**  **Y/N** | **Participant study ID**  (if enrolled) | **Date of enrolment**  (e.g. date of randomisation if applicable) | **Reason for non-inclusion or other remarks** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |