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A Portfolio of Research Studies

UK Meningitis Study — Screening Number ☐☐☐☐

Enrolment Form

To be completed by the Local Collaborator or delegated individual

Inclusion Criteria

1) Is the patient over 16 years of age? Yes ☐ No ☐
2) Does the patient have suspected meningitis? Yes ☐ No ☐
3) a)Has the patient had a lumbar puncture or is a lumbar puncture planned? Yes ☐ No ☐

If No:

b) Does the patient have a strong clinical suspicion of bacterial meningitis and supporting microbiological and/or radiological evidence? Yes ☐ No ☐

Questions 1 and 2 and either 3a or 3b must be answered yes for the patient to be eligible to enter the study.

Has the patient been consented? Yes ☐ No ☐

Is this patient a control? Yes ☐ No ☐

Date of Consent ☐☐/☐☐/☐☐☐☐

Date of Birth ☐☐/☐☐/☐☐☐☐

Participant's Initials ☐☐ Male ☐ Female ☐

Please enrol this participant into the Meningitis NW Study. I certify that I have checked that they meet the inclusion criteria.

Name

____

Signature

____

Date

____

Please fax this form to **0151 795 5528**

If you do not have access to a fax machine please phone on **0151 795 9606** to enrol the patient and send the form to *Dr Fiona McGill, Brain Infections UK, Liverpool Brain Infections Group, University of Liverpool, 8th floor Duncan Building, Daulby Street, Liverpool, L69 3GA.*

Date Received _ _/_ _/_ _ _ _ Date Enrolled _ _/_ _/_ _ _ _ By Whom _ _ Subject ID _ _ _ _